

04/01/2016 - 06/30/2016

Sum of auth_count Row Labels	Column Labels			Grand Total
	Approval	Disapproval	Withdrawal	
<b>Advanced Practice Registered Nurse</b>	<b>268</b>	<b>71</b>		<b>339</b>
70450 CT BRAIN, HEAD	19	5		24
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	1			1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	5	1		6
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2			2
70540 MRI ORBIT/FACE/NECK W/O DYE	1			1
70544 Mr angiography head w/o dye	2			2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	29	3		32
71250 CT CHEST, THORAX	16	1		17
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1			1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	2	1		3
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1			1
72131 CT LUMBAR SPINE, LOW BACK	2			2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	28	5		33
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1	7		8
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	39	23		62
72192 CT PELVIS WITHOUT CONTRAST	1			1
72196 MRI PELVIS		1		1
73200 CT ARM OR UPPER EXTREMITY	2			2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	4			4
73221 MRI JOINT OF UPPER EXTREMITY	11	10		21
73700 CT LEG OR LOWER EXTREMITY		1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	41	2		43
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	3			3
74150 CT ABDOMEN WITHOUT CONTRAST	4	4		8
74176 CT ABD & PELVIS W/O CONTRAST	43	5		48
74181 MRI ABDOMEN	1			1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	1			1
77058 MRI breast,without and/or with contrast material(s);unilateral	2			2

77078 CT bone mineral density study, 1 or more sites; axial skeleton	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	2	2	4
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	3		3
<b>Allergy &amp; Immunology</b>	<b>9</b>	<b>2</b>	<b>11</b>
70450 CT BRAIN, HEAD	1	1	2
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	5		5
71250 CT CHEST, THORAX	2		2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		1	1
<b>Anesthesiology</b>	<b>346</b>	<b>112</b>	<b>458</b>
70540 MRI ORBIT/FACE/NECK W/O DYE		2	2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	5	1	6
71550 MRI CHEST		1	1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	6	1	7
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	5	3	8
72131 CT LUMBAR SPINE, LOW BACK	18	2	20
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	73	32	105
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	23	7	30
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	192	43	235
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	1	2	3
73221 MRI JOINT OF UPPER EXTREMITY	12	9	21
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	8	3	11
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		6	6
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74181 MRI ABDOMEN	1		1
<b>Cardiac Surgery</b>	<b>99</b>	<b>1</b>	<b>100</b>
70450 CT BRAIN, HEAD	4		4
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	6		6
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	14	1	15
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	24		24

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2		2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	1		1
73221 MRI JOINT OF UPPER EXTREMITY	3		3
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	14		14
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	4		4
75574 CT Angiography Heart coronary arteries, CCTA	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	7		7
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	4		4
78813 PET IMAGING WHOLE BODY	3		3
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3		3
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
S8032 Low-dose Computed Tomography For Lung Cancer Screening	2		2
<b>Cardiology</b>	<b>2050</b>	<b>155</b>	<b>2205</b>
70450 CT BRAIN, HEAD	9	3	12
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	3		3
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	22	2	24
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	8	3	11
70554 Functional MRI Brain		1	1
71250 CT CHEST, THORAX	25	4	29
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	70	2	72
71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	2	1	3
72131 CT LUMBAR SPINE, LOW BACK	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	3		3
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	4		4
73206 CT ANGIOGRAPHY UPPER EXTREMITY	4		4
73706 CT ANGIOGRAPHY LOWER EXTREMITY	2	1	3
73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	2		2

74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	11	5	16
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	11	2	13
74176 CT ABD & PELVIS W/O CONTRAST	9		9
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1		1
75557 Cardiac MRI Morph & structure w/o contrast	5		5
75571 Coronary Artery Calcium Score, EBCT	1		1
75572 CT Heart	9	2	11
75574 CT Angiography Heart coronary arteries, CCTA	55	12	67
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	70	7	77
78071 Parathyroid SPECT Imaging	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1357	72	1429
78459 Myocardial imaging, PET		1	1
78472 CARDIAC OR HEART BLOOD POOL IMAGING	5		5
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	269	30	299
93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	8	2	10
93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	81	5	86
<b>Chiropractic Medicine</b>	<b>124</b>	<b>23</b>	<b>147</b>
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2	1	3
71250 CT CHEST, THORAX	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	2		2
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1		1
72131 CT LUMBAR SPINE, LOW BACK	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	27	7	34
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	10	1	11
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	58	6	64
72196 MRI PELVIS		1	1
73221 MRI JOINT OF UPPER EXTREMITY	12	5	17
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	8	2	10
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
<b>Colon &amp; Rectal Surgery</b>	<b>29</b>	<b>3</b>	<b>32</b>
71250 CT CHEST, THORAX	8	2	10
72196 MRI PELVIS	6	1	7

73221 MRI JOINT OF UPPER EXTREMITY	1		1
74176 CT ABD & PELVIS W/O CONTRAST	12		12
74181 MRI ABDOMEN	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
<b>Dermatology</b>	<b>7</b>		<b>7</b>
70450 CT BRAIN, HEAD	1		1
71250 CT CHEST, THORAX	2		2
74176 CT ABD & PELVIS W/O CONTRAST	2		2
78813 PET IMAGING WHOLE BODY	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
<b>Doctors and Rehabilitation</b>	<b>220</b>	<b>58</b>	<b>278</b>
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		1	1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	2	3	5
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1		1
72131 CT LUMBAR SPINE, LOW BACK	13	4	17
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	39	17	56
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	13	4	17
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	118	18	136
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73221 MRI JOINT OF UPPER EXTREMITY	8	4	12
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	14	4	18
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	6	2	8
<b>Emergency Medicine</b>	<b>89</b>	<b>19</b>	<b>108</b>
70450 CT BRAIN, HEAD	10	1	11
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	3		3
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	5	1	6
71250 CT CHEST, THORAX	5	1	6

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1		1
72131 CT LUMBAR SPINE, LOW BACK		1	1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	4	4	8
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2	2	4
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	11	1	12
72196 MRI PELVIS	3		3
73200 CT ARM OR UPPER EXTREMITY	2	1	3
73221 MRI JOINT OF UPPER EXTREMITY	4	4	8
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	10	1	11
74150 CT ABDOMEN WITHOUT CONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	19		19
74181 MRI ABDOMEN	2		2
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	4	2	6
<b>Endocrinology</b>	<b>58</b>	<b>1</b>	<b>59</b>
70450 CT BRAIN, HEAD	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		1	1
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	3		3
70540 MRI ORBIT/FACE/NECK W/O DYE	4		4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	32		32
71250 CT CHEST, THORAX	1		1
72131 CT LUMBAR SPINE, LOW BACK	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	8		8
74176 CT ABD & PELVIS W/O CONTRAST	5		5
74181 MRI ABDOMEN	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
<b>Free Standing Surgery Center</b>	<b>1</b>		<b>1</b>
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
<b>Gastroenterology</b>	<b>436</b>	<b>45</b>	<b>481</b>
70450 CT BRAIN, HEAD	4		4
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	3	1	4
70544 Mr angiography head w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2

71250 CT CHEST, THORAX	18	5	23
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1		1
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1	1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
72192 CT PELVIS WITHOUT CONTRAST	2		2
72196 MRI PELVIS	2		2
74150 CT ABDOMEN WITHOUT CONTRAST	47	5	52
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	1	1	2
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST		1	1
74176 CT ABD & PELVIS W/O CONTRAST	234	21	255
74181 MRI ABDOMEN	85	6	91
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST		2	2
74261 CT Colonography, diagnostic without contrast	6		6
74263 CT Colonography, screening	2		2
75571 Coronary Artery Calcium Score, EBCT	4		4
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3		3
S8037 mrcp	19	2	21
<b>General/Family Practice</b>	<b>7494</b>	<b>1670</b>	<b>9164</b>
70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT	1		1
70450 CT BRAIN, HEAD	417	128	545
70480 CT ORBIT, EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA, EAR ETC.	6	1	7
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	106	19	125
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	112	6	118
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	9	9	18
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	17	3	20
70540 MRI ORBIT/FACE/NECK W/O DYE	15	8	23
70544 Mr angiography head w/o dye	29	8	37
70547 Mr angiography neck w/o dye	4	1	5
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	700	62	762
71250 CT CHEST, THORAX	548	59	607
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	54	1	55
71550 MRI CHEST	7	4	11

71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	43	35	78
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	6	10	16
72131 CT LUMBAR SPINE, LOW BACK	87	17	104
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	622	199	821
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	158	132	290
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1482	439	1921
72192 CT PELVIS WITHOUT CONTRAST	26	13	39
72196 MRI PELVIS	42	16	58
73200 CT ARM OR UPPER EXTREMITY	24	3	27
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	31	2	33
73221 MRI JOINT OF UPPER EXTREMITY	405	114	519
73700 CT LEG OR LOWER EXTREMITY	42	9	51
73706 CT ANGIOGRAPHY LOWER EXTREMITY	8	1	9
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	628	79	707
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	89	32	121
74150 CT ABDOMEN WITHOUT CONTRAST	154	29	183
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	5	5	10
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	11	4	15
74176 CT ABD & PELVIS W/O CONTRAST	1334	146	1480
74181 MRI ABDOMEN	45	1	46
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1		1
74261 CT Colonography, diagnostic without contrast	1		1
75557 Cardiac MRI Morph & structure w/o contrast	1		1
75571 Coronary Artery Calcium Score, EBCT		3	3
75572 CT Heart		1	1
75574 CT Angiography Heart coronary arteries, CCTA	2	2	4
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	13	7	20
76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	27	2	29
77078 CT bone mineral density study, 1 or more sites; axial skeleton	3		3
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	93	46	139
78813 PET IMAGING WHOLE BODY	8	1	9



78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	14	1	15
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	31	6	37
93350 ECHO TTHRC R-T 2D --+M-MODE COMPLETE REST&STRS	9	3	12
G0235 PET not otherwise specified	1		1
S8032 Low-dose Computed Tomography For Lung Cancer Screening	15	3	18
S8037 mrcp	6		6
<b>Geriatrics</b>	<b>6</b>	<b>1</b>	<b>7</b>
70450 CT BRAIN, HEAD	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1	1
73221 MRI JOINT OF UPPER EXTREMITY	1		1
74176 CT ABD & PELVIS W/O CONTRAST	2		2
S8032 Low-dose Computed Tomography For Lung Cancer Screening	1		1
<b>Gynecologic Oncology</b>	<b>35</b>	<b>2</b>	<b>37</b>
71250 CT CHEST, THORAX	5		5
72196 MRI PELVIS	1		1
74176 CT ABD & PELVIS W/O CONTRAST	14	1	15
78813 PET IMAGING WHOLE BODY	9	1	10
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	6		6
<b>Hematologist/Oncologist</b>	<b>2748</b>	<b>200</b>	<b>2948</b>
70450 CT BRAIN, HEAD	141	3	144
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	3		3
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	77	4	81
70540 MRI ORBIT/FACE/NECK W/O DYE	17		17
70544 Mr angiography head w/o dye	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	170	4	174
71250 CT CHEST, THORAX	790	63	853
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	29	2	31
71550 MRI CHEST	12		12
72131 CT LUMBAR SPINE, LOW BACK	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	29	1	30
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	33		33
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	42	2	44

72192 CT PELVIS WITHOUT CONTRAST	4		4
72196 MRI PELVIS	31		31
73200 CT ARM OR UPPER EXTREMITY	1	1	2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	17		17
73221 MRI JOINT OF UPPER EXTREMITY	16	1	17
73700 CT LEG OR LOWER EXTREMITY	4	1	5
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	14		14
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	6		6
74150 CT ABDOMEN WITHOUT CONTRAST	33		33
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	703	63	766
74181 MRI ABDOMEN	44	1	45
75574 CT Angiography Heart coronary arteries, CCTA		1	1
77058 MRI breast,without and/or with contrast material(s);unilateral	18	1	19
77084 Magnetic resonance imaging, bone marrow blood supply	23		23
78472 CARDIAC OR HEART BLOOD POOL IMAGING	42	1	43
78813 PET IMAGING WHOLE BODY	83	7	90
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	353	44	397
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	4		4
S8032 Low-dose Computed Tomography For Lung Cancer Screening	3		3
S8037 mrcp	2		2
<b>Hospital</b>	<b>1</b>		<b>1</b>
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
<b>Industrial Medicine</b>		<b>1</b>	<b>1</b>
74176 CT ABD & PELVIS W/O CONTRAST		1	1
<b>Infectious Diseases</b>	<b>24</b>		<b>24</b>
70450 CT BRAIN, HEAD	2		2
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	2		2
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	6		6
72192 CT PELVIS WITHOUT CONTRAST	1		1
73200 CT ARM OR UPPER EXTREMITY	1		1

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
74176 CT ABD & PELVIS W/O CONTRAST	7		7
74181 MRI ABDOMEN	1		1
<b>Internal Medicine</b>	<b>1456</b>	<b>265</b>	<b>1721</b>
70450 CT BRAIN, HEAD	75	18	93
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	24	1	25
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	24	2	26
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	5		5
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	8		8
70540 MRI ORBIT/FACE/NECK W/O DYE	9		9
70544 Mr angiography head w/o dye	7	3	10
70547 Mr angiography neck w/o dye	4		4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	166	5	171
71250 CT CHEST, THORAX	133	18	151
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	7	1	8
71550 MRI CHEST	4		4
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	12	3	15
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	2	1	3
72131 CT LUMBAR SPINE, LOW BACK	21	8	29
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	101	37	138
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	29	18	47
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	240	52	292
72192 CT PELVIS WITHOUT CONTRAST	8	1	9
72196 MRI PELVIS	18	2	20
73200 CT ARM OR UPPER EXTREMITY	3		3
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	5	1	6
73221 MRI JOINT OF UPPER EXTREMITY	49	11	60
73700 CT LEG OR LOWER EXTREMITY	8	1	9
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1	1	2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	89	11	100
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	14	10	24
74150 CT ABDOMEN WITHOUT CONTRAST	40	6	46
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	2		2

74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	4	1	5
74176 CT ABD & PELVIS W/O CONTRAST	232	19	251
74181 MRI ABDOMEN	15	1	16
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1	1	2
74263 CT Colonography, screening		1	1
75557 Cardiac MRI Morph & structure w/o contrast	1		1
75572 CT Heart	6		6
75574 CT Angiography Heart coronary arteries, CCTA	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	7		7
77058 MRI breast,without and/or with contrast material(s);unilateral	9	3	12
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	40	20	60
78472 CARDIAC OR HEART BLOOD POOL IMAGING	1		1
78813 PET IMAGING WHOLE BODY	2		2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	7	5	12
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	12	1	13
93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS		2	2
S8032 Low-dose Computed Tomography For Lung Cancer Screening	10		10
<b>Interventional Radiologists</b>	<b>7</b>	<b>6</b>	<b>13</b>
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		2	2
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		2	2
71250 CT CHEST, THORAX	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		2	2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	3		3
S8032 Low-dose Computed Tomography For Lung Cancer Screening	1		1
<b>Nephrology</b>	<b>33</b>	<b>9</b>	<b>42</b>
70544 Mr angiography head w/o dye	2	1	3
70547 Mr angiography neck w/o dye		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	5	1	6
71250 CT CHEST, THORAX	2		2
72131 CT LUMBAR SPINE, LOW BACK	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2		2

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1	1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1	1	2
74150 CT ABDOMEN WITHOUT CONTRAST	1	1	2
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	3	1	4
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	12		12
74181 MRI ABDOMEN	3	1	4
78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1	1
<b>Neurological Surgery</b>	<b>1155</b>	<b>132</b>	<b>1287</b>
70450 CT BRAIN, HEAD	61	1	62
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	16	1	17
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	5	1	6
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70544 Mr angiography head w/o dye	4	1	5
70547 Mr angiography neck w/o dye		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	160	6	166
71250 CT CHEST, THORAX	4	1	5
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
71550 MRI CHEST	2		2
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	69	9	78
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	10	1	11
72131 CT LUMBAR SPINE, LOW BACK	105	8	113
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	258	31	289
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	62	18	80
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	364	43	407
72192 CT PELVIS WITHOUT CONTRAST	3	1	4
72196 MRI PELVIS	8	1	9
73200 CT ARM OR UPPER EXTREMITY	1		1
73221 MRI JOINT OF UPPER EXTREMITY	10	4	14
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2	2
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	6		6
74150 CT ABDOMEN WITHOUT CONTRAST	1	1	2
74176 CT ABD & PELVIS W/O CONTRAST	4	1	5

<b>Neurology</b>	<b>1475</b>	<b>129</b>	<b>1604</b>
0042T Ct perfusion w/contrast, cbf	1		1
70450 CT BRAIN, HEAD	38	4	42
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	2		2
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	5		5
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1		1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	58	2	60
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	31	4	35
70540 MRI ORBIT/FACE/NECK W/O DYE	3		3
70544 Mr angiography head w/o dye	52	19	71
70547 Mr angiography neck w/o dye	16	4	20
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	777	15	792
70554 Functional MRI Brain	1		1
71250 CT CHEST, THORAX	12		12
71550 MRI CHEST	3		3
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	4		4
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1	1
72131 CT LUMBAR SPINE, LOW BACK	9		9
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	259	37	296
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	70	13	83
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	114	16	130
72192 CT PELVIS WITHOUT CONTRAST		2	2
72196 MRI PELVIS	3		3
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		1	1
73221 MRI JOINT OF UPPER EXTREMITY	4		4
73700 CT LEG OR LOWER EXTREMITY		2	2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	2	2	4
74150 CT ABDOMEN WITHOUT CONTRAST		1	1
74176 CT ABD & PELVIS W/O CONTRAST	3	1	4
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	1	1	2
76390 Mr spectroscopy	1		1
78472 CARDIAC OR HEART BLOOD POOL IMAGING	1		1

78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	2	1	3
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1	3	4
<b>OB/Gynecology</b>	<b>183</b>	<b>27</b>	<b>210</b>
70450 CT BRAIN, HEAD	2	1	3
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	10	1	11
71250 CT CHEST, THORAX	12		12
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1	1
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3	1	4
72192 CT PELVIS WITHOUT CONTRAST	9	1	10
72196 MRI PELVIS	21	3	24
74150 CT ABDOMEN WITHOUT CONTRAST	8	1	9
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST		1	1
74176 CT ABD & PELVIS W/O CONTRAST	74	12	86
74181 MRI ABDOMEN	1	1	2
74712 Fetal MRI	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	31	3	34
78813 PET IMAGING WHOLE BODY	6		6
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3		3
93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS		1	1
<b>Occupational Medicine</b>		<b>1</b>	<b>1</b>
74176 CT ABD & PELVIS W/O CONTRAST		1	1
<b>Oncology</b>	<b>66</b>	<b>3</b>	<b>69</b>
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	8		8
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	8		8
71250 CT CHEST, THORAX	20		20
72196 MRI PELVIS	1		1
74176 CT ABD & PELVIS W/O CONTRAST	17		17
74181 MRI ABDOMEN	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	4		4
78472 CARDIAC OR HEART BLOOD POOL IMAGING	1		1
78813 PET IMAGING WHOLE BODY		2	2

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	6	1	7
<b>Ophthalmology</b>	<b>112</b>	<b>12</b>	<b>124</b>
70450 CT BRAIN, HEAD	7	1	8
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	15	1	16
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	5		5
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1	1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE	28	5	33
70544 Mr angiography head w/o dye	10	2	12
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	43	2	45
71250 CT CHEST, THORAX	2		2
<b>Oral/Maxillofacial</b>	<b>4</b>		<b>4</b>
70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT	2		2
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1		1
<b>Orthopedics</b>	<b>3256</b>	<b>184</b>	<b>2</b>
70540 MRI ORBIT/FACE/NECK W/O DYE	3		3
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	5		5
71250 CT CHEST, THORAX	7	1	8
71550 MRI CHEST	5	2	7
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	14	1	15
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	12	2	14
72131 CT LUMBAR SPINE, LOW BACK	44	2	46
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	235	47	282
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	23	17	40
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	371	43	414
72192 CT PELVIS WITHOUT CONTRAST	11	1	12
72196 MRI PELVIS	40	3	43
73200 CT ARM OR UPPER EXTREMITY	85	7	92
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	55		55
73221 MRI JOINT OF UPPER EXTREMITY	889	5	894
73700 CT LEG OR LOWER EXTREMITY	105	2	107



73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1243	38	2	1283
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	104	12		116
74150 CT ABDOMEN WITHOUT CONTRAST	1			1
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1			1
74176 CT ABD & PELVIS W/O CONTRAST	2	1		3
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1			1
<b>Osteopath</b>	<b>15</b>	<b>4</b>		<b>19</b>
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1			1
70540 MRI ORBIT/FACE/NECK W/O DYE	1			1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2	1		3
71250 CT CHEST, THORAX		1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1	1		2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	4	1		5
73221 MRI JOINT OF UPPER EXTREMITY	2			2
73700 CT LEG OR LOWER EXTREMITY	1			1
74150 CT ABDOMEN WITHOUT CONTRAST	1			1
74176 CT ABD & PELVIS W/O CONTRAST	2			2
<b>Other</b>	<b>53</b>	<b>16</b>		<b>69</b>
70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	13			13
70450 CT BRAIN, HEAD	3	2		5
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	3	4		7
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1			1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1			1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1			1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	4	1		5
71250 CT CHEST, THORAX	2			2
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1			1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1	1		2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1	1		2
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1	1		2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	7	4		11
72196 MRI PELVIS	1			1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	4			4

74150 CT ABDOMEN WITHOUT CONTRAST	2	1	3
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	1		1
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	4	1	5
74181 MRI ABDOMEN	1		1
<b>OTHER O/P DIAG TESTING</b>	<b>6</b>		<b>6</b>
71250 CT CHEST, THORAX	1		1
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	1		1
<b>Otolaryngology</b>	<b>759</b>	<b>31</b>	<b>790</b>
70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT		1	1
70450 CT BRAIN, HEAD	9	3	12
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	57	1	58
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	377	14	391
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	133	1	134
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	3	2	5
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1	3	4
70540 MRI ORBIT/FACE/NECK W/O DYE	9		9
70544 Mr angiography head w/o dye	4		4
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	124	3	127
71250 CT CHEST, THORAX	18	1	19
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1	1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	3		3
74181 MRI ABDOMEN	1		1
78813 PET IMAGING WHOLE BODY	8		8
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	10	1	11
<b>Pathology</b>	<b>1</b>		<b>1</b>
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1

<b>Pediatric Oncology</b>	<b>15</b>	<b>4</b>	<b>19</b>
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX		1	1
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST		1	1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
73221 MRI JOINT OF UPPER EXTREMITY	4		4
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	4		4
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	2		2
74176 CT ABD & PELVIS W/O CONTRAST		1	1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
<b>Pediatrics</b>	<b>167</b>	<b>10</b>	<b>177</b>
70450 CT BRAIN, HEAD	17		17
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	2	1	3
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	3		3
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE	1	1	2
70544 Mr angiography head w/o dye	2	1	3
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	34		34
71250 CT CHEST, THORAX	10	2	12
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	6		6
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	7		7
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	16	1	17
72192 CT PELVIS WITHOUT CONTRAST	2		2
72196 MRI PELVIS	4	1	5
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73221 MRI JOINT OF UPPER EXTREMITY	2	1	3
73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	21	1	22
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	2		2

74176 CT ABD & PELVIS W/O CONTRAST	23	1	24
74181 MRI ABDOMEN	2		2
75557 Cardiac MRI Morph & structure w/o contrast	5		5
75573 CT Heart Congenital Study	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	2		2
S8037 mrcp	1		1
<b>Physical Medicine</b>	<b>5</b>	<b>2</b>	<b>7</b>
71550 MRI CHEST	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1	1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2		2
73221 MRI JOINT OF UPPER EXTREMITY	1	1	2
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	1		1
<b>Plastic Surgery</b>	<b>19</b>		<b>19</b>
70450 CT BRAIN, HEAD	2		2
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	3		3
71550 MRI CHEST	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2		2
73200 CT ARM OR UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	2		2
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	2		2
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	3		3
<b>Podiatry</b>	<b>154</b>	<b>12</b>	<b>166</b>
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3	1	4
73700 CT LEG OR LOWER EXTREMITY	10		10
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	141	11	152
<b>Preventive Medicine</b>		<b>2</b>	<b>2</b>
70450 CT BRAIN, HEAD		1	1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1	1
<b>Psychiatry</b>	<b>1</b>	<b>2</b>	<b>3</b>
70450 CT BRAIN, HEAD	1		1

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1	1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1	1
<b>Pulmonary Medicine</b>	<b>407</b>	<b>21</b>	<b>428</b>
70450 CT BRAIN, HEAD	1		1
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	7	1	8
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	4		4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1	1
71250 CT CHEST, THORAX	341	13	354
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	8	1	9
71550 MRI CHEST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	2		2
74181 MRI ABDOMEN	2		2
75557 Cardiac MRI Morph & structure w/o contrast	2		2
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	5		5
78813 PET IMAGING WHOLE BODY	6	1	7
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	14	3	17
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	9		9
S8032 Low-dose Computed Tomography For Lung Cancer Screening	5	1	6
<b>Radiation Oncology</b>	<b>94</b>	<b>5</b>	<b>99</b>
70450 CT BRAIN, HEAD	1		1
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	3		3
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	23		23
71250 CT CHEST, THORAX	17	1	18
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	3		3
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2	1	3
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	3		3
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73221 MRI JOINT OF UPPER EXTREMITY	2		2
73700 CT LEG OR LOWER EXTREMITY	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	6	1	7

74181 MRI ABDOMEN	2		2
77058 MRI breast,without and/or with contrast material(s);unilateral	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	26	2	28
<b>Radiology</b>	<b>43</b>	<b>11</b>	<b>54</b>
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
70544 Mr angiography head w/o dye	6	2	8
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	6	3	9
71250 CT CHEST, THORAX	2		2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1	1	2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2		2
72192 CT PELVIS WITHOUT CONTRAST		1	1
72196 MRI PELVIS	2	1	3
73700 CT LEG OR LOWER EXTREMITY	2		2
74150 CT ABDOMEN WITHOUT CONTRAST	3		3
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	6		6
74181 MRI ABDOMEN		1	1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	1		1
78813 PET IMAGING WHOLE BODY	1		1
S8032 Low-dose Computed Tomography For Lung Cancer Screening	6	2	8
<b>Rehabilitations</b>	<b>7</b>	<b>4</b>	<b>11</b>
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1	1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2	2	4
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3	1	4
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
<b>Reproductive Endocrinology</b>	<b>2</b>	<b>2</b>	<b>4</b>
72196 MRI PELVIS	1	1	2
74181 MRI ABDOMEN	1	1	2
<b>Rheumatology</b>	<b>206</b>	<b>16</b>	<b>222</b>
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	1		1

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1	1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70544 Mr angiography head w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	8	1	9
71250 CT CHEST, THORAX	15	1	16
72131 CT LUMBAR SPINE, LOW BACK	2		2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	20	1	21
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2		2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	29	3	32
72196 MRI PELVIS	22	2	24
73200 CT ARM OR UPPER EXTREMITY	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	32	2	34
73221 MRI JOINT OF UPPER EXTREMITY	35	2	37
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	24	2	26
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	4		4
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	5	1	6
<b>Sports Medicine</b>	<b>12</b>	<b>3</b>	<b>15</b>
71250 CT CHEST, THORAX	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2	1	3
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3	2	5
73221 MRI JOINT OF UPPER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	5		5
<b>Surgery</b>	<b>516</b>	<b>37</b>	<b>553</b>
70450 CT BRAIN, HEAD	3		3
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	2		2
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	10		10
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1	3	4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
71250 CT CHEST, THORAX	36	2	38

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	3	1	4
71550 MRI CHEST	2		2
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	3	1	4
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2	2	4
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	7	3	10
72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	2		2
72192 CT PELVIS WITHOUT CONTRAST	17		17
72196 MRI PELVIS	3		3
73200 CT ARM OR UPPER EXTREMITY	6		6
73206 CT ANGIOGRAPHY UPPER EXTREMITY	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	20		20
73221 MRI JOINT OF UPPER EXTREMITY	32		32
73700 CT LEG OR LOWER EXTREMITY	3		3
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	14		14
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		2	2
73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	2		2
74150 CT ABDOMEN WITHOUT CONTRAST	22		22
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	2	1	3
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	3		3
74176 CT ABD & PELVIS W/O CONTRAST	232	17	249
74181 MRI ABDOMEN	19		19
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	2		2
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	5	1	6
77058 MRI breast,without and/or with contrast material(s);unilateral	33	1	34
78071 Parathyroid SPECT Imaging	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1	1
78813 PET IMAGING WHOLE BODY	4		4
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	10	2	12
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	2		2
S8037 mrcp	7		7
<b>Surgical Oncology</b>	<b>30</b>	<b>1</b>	<b>31</b>
71250 CT CHEST, THORAX	8	1	9



72196 MRI PELVIS	1		1
73700 CT LEG OR LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	5		5
74176 CT ABD & PELVIS W/O CONTRAST	5		5
77058 MRI breast,without and/or with contrast material(s);unilateral	8		8
78813 PET IMAGING WHOLE BODY	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
<b>Thoracic Surgery</b>	<b>30</b>	<b>6</b>	<b>36</b>
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	4		4
71250 CT CHEST, THORAX	13		13
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
73700 CT LEG OR LOWER EXTREMITY		2	2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1	2	3
74176 CT ABD & PELVIS W/O CONTRAST	2		2
75572 CT Heart	1		1
75574 CT Angiography Heart coronary arteries, CCTA	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	3		3
78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1	1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	2	1	3
<b>Unknown</b>	<b>504</b>	<b>94</b>	<b>598</b>
70450 CT BRAIN, HEAD	15	5	20
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	4		4
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	14	1	15
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	11		11
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	2		2
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	2		2
70540 MRI ORBIT/FACE/NECK W/O DYE	2	1	3
70544 Mr angiography head w/o dye	1	1	2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	47	1	48
71250 CT CHEST, THORAX	40	5	45
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	3		3

71550 MRI CHEST	4		4
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	2	1	3
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1	2	3
72131 CT LUMBAR SPINE, LOW BACK	9	1	10
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	27	11	38
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	9	6	15
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	74	20	94
72196 MRI PELVIS	12	1	13
73200 CT ARM OR UPPER EXTREMITY	5		5
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	6	2	8
73221 MRI JOINT OF UPPER EXTREMITY	29	8	37
73700 CT LEG OR LOWER EXTREMITY	2		2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	64	5	69
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	10	2	12
74150 CT ABDOMEN WITHOUT CONTRAST	5		5
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST		2	2
74176 CT ABD & PELVIS W/O CONTRAST	46	3	49
74181 MRI ABDOMEN	9		9
75557 Cardiac MRI Morph & structure w/o contrast		1	1
75572 CT Heart		1	1
75574 CT Angiography Heart coronary arteries, CCTA	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	3		3
77084 Magnetic resonance imaging, bone marrow blood supply	6		6
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	14	10	24
78472 CARDIAC OR HEART BLOOD POOL IMAGING	1		1
78813 PET IMAGING WHOLE BODY	4		4
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	5	1	6
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	11	2	13
93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	2		2
S8032 Low-dose Computed Tomography For Lung Cancer Screening		1	1
S8037 mrcp	1		1
<b>Urology</b>	<b>741</b>	<b>32</b>	<b>773</b>

70450 CT BRAIN, HEAD	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	25	2	27
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1	1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3	3	6
72192 CT PELVIS WITHOUT CONTRAST	9		9
72196 MRI PELVIS	38	3	41
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	2		2
74150 CT ABDOMEN WITHOUT CONTRAST	33	1	34
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	2	1	3
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	608	19	627
74181 MRI ABDOMEN	13	1	14
78813 PET IMAGING WHOLE BODY	2		2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	2	1	3
<b>Vascular Surgery</b>	<b>36</b>	<b>2</b>	<b>38</b>
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	6		6
71250 CT CHEST, THORAX	2	1	3
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	4		4
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2		2
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	6		6
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	6		6
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	7		7
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1	1	2
<b>Grand Total</b>	<b>25614</b>	<b>3449</b>	<b>29065</b>



Advanced Practice Registered Nurse                      Approval                      70450 CT BRAIN, HEAD

Advanced Practice Registered Nurse                      Approval                      70450 CT BRAIN, HEAD

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Advanced Practice Registered Nurse                      Approval                      70450 CT BRAIN, HEAD

Advanced Practice Registered Nurse                      Approval                      70450 CT BRAIN, HEAD

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Advanced Practice Registered Nurse                      Approval                      70450 CT BRAIN, HEAD

Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD
Advanced Practice Registered Nurse	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Advanced Practice Registered Nurse	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE

Advanced Practice Registered Nurse      Approval      70544 Mr angiography head w/o dye

Advanced Practice Registered Nurse      Approval      70544 Mr angiography head w/o dye

Advanced Practice Registered Nurse      Approval      70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Advanced Practice Registered Nurse      Approval      70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Advanced Practice Registered Nurse      Approval      70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Approval                      70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Approval                      70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Advanced Practice Registered Nurse                      Approval                      70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Approval                      70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Approval                      71250 CT CHEST, THORAX

Advanced Practice Registered Nurse                      Approval                      71250 CT CHEST, THORAX

Advanced Practice Registered Nurse                      Approval                      71250 CT CHEST, THORAX

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Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX
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Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX
Advanced Practice Registered Nurse	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Advanced Practice Registered Nurse	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Advanced Practice Registered Nurse	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Advanced Practice Registered Nurse	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Advanced Practice Registered Nurse	Approval	72131 CT LUMBAR SPINE, LOW BACK
Advanced Practice Registered Nurse	Approval	72131 CT LUMBAR SPINE, LOW BACK
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Approval                      72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Approval                      72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
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Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Approval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Advanced Practice Registered Nurse                      Approval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72192 CT PELVIS WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	73200 CT ARM OR UPPER EXTREMITY
Advanced Practice Registered Nurse	Approval	73200 CT ARM OR UPPER EXTREMITY
Advanced Practice Registered Nurse	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Advanced Practice Registered Nurse	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Advanced Practice Registered Nurse	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY

Advanced Practice Registered Nurse                      Approval                      73221 MRI JOINT OF UPPER EXTREMITY

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Advanced Practice Registered Nurse                      Approval                      73221 MRI JOINT OF UPPER EXTREMITY

Advanced Practice Registered Nurse                      Approval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Advanced Practice Registered Nurse                      Approval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Advanced Practice Registered Nurse                      Approval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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Advanced Practice Registered Nurse                      Approval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST











Advanced Practice Registered Nurse                      Approval                      74176 CT ABD & PELVIS W/O CONTRAST

Advanced Practice Registered Nurse                      Approval                      74176 CT ABD & PELVIS W/O CONTRAST

Advanced Practice Registered Nurse                      Approval                      74181 MRI ABDOMEN  
Advanced Practice Registered Nurse                      Approval                      75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Advanced Practice Registered Nurse                      Approval                      77058 MRI breast,without and/or with contrast material(s);unilateral

Advanced Practice Registered Nurse                      Approval                      77058 MRI breast,without and/or with contrast material(s);unilateral

Advanced Practice Registered Nurse                      Approval                      77078 CT bone mineral density study, 1 or more sites; axial skeleton

Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Advanced Practice Registered Nurse	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Advanced Practice Registered Nurse	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Advanced Practice Registered Nurse	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD

Advanced Practice Registered Nurse                      Disapproval                      70450 CT BRAIN, HEAD

Advanced Practice Registered Nurse                      Disapproval                      70450 CT BRAIN, HEAD

Advanced Practice Registered Nurse                      Disapproval                      70450 CT BRAIN, HEAD

Advanced Practice Registered Nurse                      Disapproval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX
Advanced Practice Registered Nurse	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST



Advanced Practice Registered Nurse

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Advanced Practice Registered Nurse

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Advanced Practice Registered Nurse

Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse

Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse

Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Advanced Practice Registered Nurse                      Disapproval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Advanced Practice Registered Nurse                      Disapproval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      72196 MRI PELVIS

Advanced Practice Registered Nurse                      Disapproval                      73221 MRI JOINT OF UPPER EXTREMITY

Advanced Practice Registered Nurse                      Disapproval                      73221 MRI JOINT OF UPPER EXTREMITY

Advanced Practice Registered Nurse                      Disapproval                      73221 MRI JOINT OF UPPER EXTREMITY

Advanced Practice Registered Nurse                      Disapproval                      73221 MRI JOINT OF UPPER EXTREMITY

Advanced Practice Registered Nurse                      Disapproval                      73221 MRI JOINT OF UPPER EXTREMITY

Advanced Practice Registered Nurse                      Disapproval                      73221 MRI JOINT OF UPPER EXTREMITY

Advanced Practice Registered Nurse                      Disapproval                      73221 MRI JOINT OF UPPER EXTREMITY

Advanced Practice Registered Nurse                      Disapproval                      73221 MRI JOINT OF UPPER EXTREMITY

Advanced Practice Registered Nurse                      Disapproval                      73221 MRI JOINT OF UPPER EXTREMITY

Advanced Practice Registered Nurse                      Disapproval                      73700 CT LEG OR LOWER EXTREMITY

Advanced Practice Registered Nurse                      Disapproval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Advanced Practice Registered Nurse                      Disapproval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Advanced Practice Registered Nurse                      Disapproval                      74150 CT ABDOMEN WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      74150 CT ABDOMEN WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      74150 CT ABDOMEN WITHOUT CONTRAST

Advanced Practice Registered Nurse                      Disapproval                      74150 CT ABDOMEN WITHOUT CONTRAST



Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Allergy & Immunology	Approval	70450 CT BRAIN, HEAD
Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Allergy & Immunology	Approval	71250 CT CHEST, THORAX
Allergy & Immunology	Approval	71250 CT CHEST, THORAX
Allergy & Immunology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Allergy & Immunology	Disapproval	70450 CT BRAIN, HEAD

Allergy & Immunology  
Anesthesiology

Disapproval  
Approval

93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL  
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Anesthesiology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Anesthesiology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Anesthesiology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Anesthesiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
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Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
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Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
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Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
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Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Anesthesiology	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Anesthesiology

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72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

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72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

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72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Anesthesiology

Approval

72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Anesthesiology

Approval

72131 CT LUMBAR SPINE, LOW BACK

Anesthesiology

Approval

72131 CT LUMBAR SPINE, LOW BACK

Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Anesthesiology

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Anesthesiology

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Anesthesiology Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST  
Anesthesiology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Anesthesiology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Anesthesiology Approval 72192 CT PELVIS WITHOUT CONTRAST

Anesthesiology Approval 72196 MRI PELVIS

Anesthesiology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Anesthesiology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Anesthesiology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Anesthesiology Approval 73221 MRI JOINT OF UPPER EXTREMITY

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Anesthesiology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Anesthesiology Approval 73221 MRI JOINT OF UPPER EXTREMITY  
Anesthesiology Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Anesthesiology Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Anesthesiology Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Anesthesiology Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Anesthesiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Anesthesiology	Approval	74181 MRI ABDOMEN
Anesthesiology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE
Anesthesiology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Anesthesiology	Disapproval	71550 MRI CHEST

Anesthesiology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Anesthesiology	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Anesthesiology	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Anesthesiology	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Anesthesiology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
Anesthesiology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST



Anesthesiology

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Anesthesiology

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Anesthesiology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Anesthesiology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Anesthesiology Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Anesthesiology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Anesthesiology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST





Anesthesiology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Anesthesiology Disapproval 72196 MRI PELVIS

Anesthesiology Disapproval 72196 MRI PELVIS

Anesthesiology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Anesthesiology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

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Anesthesiology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Anesthesiology Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Anesthesiology Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Anesthesiology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Anesthesiology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Anesthesiology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Anesthesiology Cardiac Surgery	Disapproval Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT 70450 CT BRAIN, HEAD
Cardiac Surgery	Approval	70450 CT BRAIN, HEAD
Cardiac Surgery	Approval	70450 CT BRAIN, HEAD
Cardiac Surgery	Approval	70450 CT BRAIN, HEAD
Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Cardiac Surgery Approval 70547 Mr angiography neck w/o dye

Cardiac Surgery Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Cardiac Surgery Approval 71250 CT CHEST, THORAX

Cardiac Surgery Approval 71250 CT CHEST, THORAX

Cardiac Surgery Approval 71250 CT CHEST, THORAX

Cardiac Surgery Approval 71250 CT CHEST, THORAX

Cardiac Surgery Approval 71250 CT CHEST, THORAX

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Cardiac Surgery Approval 71250 CT CHEST, THORAX

Cardiac Surgery Approval 71250 CT CHEST, THORAX

Cardiac Surgery Approval 71250 CT CHEST, THORAX

Cardiac Surgery Approval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Cardiac Surgery

Approval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Cardiac Surgery

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Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Cardiac Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Cardiac Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Cardiac Surgery	Approval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY



Cardiac Surgery  
Cardiac Surgery

Approval  
Approval

73221 MRI JOINT OF UPPER EXTREMITY  
73706 CT ANGIOGRAPHY LOWER EXTREMITY

Cardiac Surgery  
Cardiac Surgery

Approval  
Approval

74150 CT ABDOMEN WITHOUT CONTRAST  
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Cardiac Surgery  
Cardiac Surgery  
Cardiac Surgery

Approval  
Approval  
Approval

74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST  
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST  
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST

Cardiac Surgery

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Cardiac Surgery

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Cardiac Surgery

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Cardiac Surgery

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Cardiac Surgery

Approval

75574 CT Angiography Heart coronary arteries, CCTA

Cardiac Surgery

Approval

75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Cardiac Surgery

Approval

75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Cardiac Surgery

Approval

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

Cardiac Surgery

Approval

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

Cardiac Surgery

Approval

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

Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Cardiac Surgery	Approval	78813 PET IMAGING WHOLE BODY

Cardiac Surgery	Approval	78813 PET IMAGING WHOLE BODY
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Cardiac Surgery	Approval	78813 PET IMAGING WHOLE BODY
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Cardiac Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
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Cardiac Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
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Cardiac Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Cardiac Surgery	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Cardiac Surgery	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
Cardiac Surgery	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
Cardiac Surgery	Disapproval	71250 CT CHEST, THORAX
Cardiology	Approval	70450 CT BRAIN, HEAD
Cardiology	Approval	70450 CT BRAIN, HEAD
Cardiology	Approval	70450 CT BRAIN, HEAD

Cardiology	Approval	70450 CT BRAIN, HEAD
Cardiology	Approval	70450 CT BRAIN, HEAD
Cardiology	Approval	70450 CT BRAIN, HEAD
Cardiology	Approval	70450 CT BRAIN, HEAD
Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Cardiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Cardiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Cardiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Cardiology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Cardiology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Cardiology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST  
Cardiology Approval 71250 CT CHEST, THORAX

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Cardiology Approval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

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Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Cardiology	Approval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST
Cardiology	Approval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST
Cardiology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Cardiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Cardiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Cardiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Cardiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Cardiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Cardiology	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY
Cardiology	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY
Cardiology	Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST

Cardiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Cardiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
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Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Cardiology

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

Cardiology

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74176 CT ABD & PELVIS W/O CONTRAST

Cardiology

Approval

74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST

Cardiology

Approval

75557 Cardiac MRI Morph & structure w/o contrast

Cardiology

Approval

75557 Cardiac MRI Morph & structure w/o contrast

Cardiology

Approval

75557 Cardiac MRI Morph & structure w/o contrast

Cardiology	Approval	75571 Coronary Artery Calcium Score, EBCT
Cardiology	Approval	75572 CT Heart
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA
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Cardiology Approval 75574 CT Angiography Heart coronary arteries, CCTA

Cardiology Approval 75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Cardiology	Approval	78071 Parathyroid SPECT Imaging
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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Cardiology Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING

Cardiology Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING

Cardiology Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING

Cardiology Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING

Cardiology Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING

Cardiology Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

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Cardiology Approval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Approval 93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R

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Cardiology Cardiology	Approval Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R 93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS
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Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS

Cardiology Approval 93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS

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Cardiology Approval 93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS

Cardiology Approval 93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS

Cardiology Approval 93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS

Cardiology Disapproval 70450 CT BRAIN, HEAD

Cardiology Disapproval 70450 CT BRAIN, HEAD

Cardiology Disapproval 70450 CT BRAIN, HEAD

Cardiology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Cardiology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Cardiology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Cardiology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Cardiology Disapproval 70554 Functional MRI Brain

Cardiology Disapproval 71250 CT CHEST, THORAX

Cardiology Disapproval 71250 CT CHEST, THORAX

Cardiology Disapproval 71250 CT CHEST, THORAX

Cardiology Disapproval 71250 CT CHEST, THORAX

Cardiology Disapproval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Cardiology Disapproval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Cardiology Disapproval 71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST

Cardiology Disapproval 73706 CT ANGIOGRAPHY LOWER EXTREMITY

Cardiology Disapproval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Cardiology Disapproval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Cardiology Disapproval 74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST

Cardiology Disapproval 75572 CT Heart

Cardiology Disapproval 75574 CT Angiography Heart coronary arteries, CCTA

Cardiology Disapproval 75574 CT Angiography Heart coronary arteries, CCTA

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Disapproval

75574 CT Angiography Heart coronary arteries, CCTA

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Cardiology Cardiology	Disapproval Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING 75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
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Cardiology Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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



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

Cardiology Disapproval 78459 Myocardial imaging, PET

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

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Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology Disapproval 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology

Disapproval

93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology

Disapproval

93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R

Cardiology

Disapproval

93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R

Cardiology

Disapproval

93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS



Cardiology Disapproval 93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS

Cardiology Disapproval 93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS

Chiropractic Medicine Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Chiropractic Medicine Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Chiropractic Medicine Approval 71250 CT CHEST, THORAX

Chiropractic Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Chiropractic Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Chiropractic Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Chiropractic Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST



Chiropractic Medicine

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Chiropractic Medicine

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Chiropractic Medicine

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Chiropractic Medicine

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Chiropractic Medicine

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Chiropractic Medicine

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Chiropractic Medicine

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Chiropractic Medicine Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST



Chiropractic Medicine                      Approval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine                      Approval                      73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine                      Approval                      73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine                      Approval                      73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine                      Approval                      73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine                      Approval                      73221 MRI JOINT OF UPPER EXTREMITY

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Chiropractic Medicine

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73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine

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73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine

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73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Chiropractic Medicine

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Chiropractic Medicine

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Chiropractic Medicine

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Chiropractic Medicine

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Chiropractic Medicine

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Chiropractic Medicine

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Chiropractic Medicine

Approval

74150 CT ABDOMEN WITHOUT CONTRAST

Chiropractic Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Chiropractic Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Chiropractic Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Chiropractic Medicine Disapproval 72196 MRI PELVIS

Chiropractic Medicine Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
Chiropractic Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Chiropractic Medicine Colon & Rectal Surgery	Disapproval Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT 71250 CT CHEST, THORAX
Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX
Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX

Colon & Rectal Surgery                      Approval                      71250 CT CHEST, THORAX

Colon & Rectal Surgery                      Approval                      71250 CT CHEST, THORAX

Colon & Rectal Surgery                      Approval                      71250 CT CHEST, THORAX  
Colon & Rectal Surgery                      Approval                      72196 MRI PELVIS

Colon & Rectal Surgery                      Approval                      72196 MRI PELVIS

Colon & Rectal Surgery                      Approval                      72196 MRI PELVIS

Colon & Rectal Surgery                      Approval                      72196 MRI PELVIS



Colon & Rectal Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Colon & Rectal Surgery

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Colon & Rectal Surgery

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Colon & Rectal Surgery

Approval

74181 MRI ABDOMEN

Colon & Rectal Surgery

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Colon & Rectal Surgery

Disapproval

71250 CT CHEST, THORAX

Colon & Rectal Surgery                      Disapproval      71250 CT CHEST, THORAX

Colon & Rectal Surgery                      Disapproval      72196 MRI PELVIS

Dermatology                                      Approval            70450 CT BRAIN, HEAD

Dermatology                                      Approval            71250 CT CHEST, THORAX

Dermatology                                      Approval            71250 CT CHEST, THORAX

Dermatology                                      Approval            74176 CT ABD & PELVIS W/O CONTRAST

Dermatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Dermatology	Approval	78813 PET IMAGING WHOLE BODY
Dermatology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Doctors and Rehabilitation	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Doctors and Rehabilitation	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Doctors and Rehabilitation	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Doctors and Rehabilitation	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Doctors and Rehabilitation	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation                      Approval                      72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation                      Approval                      72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Doctors and Rehabilitation                      Approval                      72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Doctors and Rehabilitation Doctors and Rehabilitation	Approval Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Doctors and Rehabilitation                      Approval                      72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Doctors and Rehabilitation                      Approval                      72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Doctors and Rehabilitation                      Approval                      72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Doctors and Rehabilitation                      Approval                      72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Doctors and Rehabilitation                      Approval                      72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Doctors and Rehabilitation                      Approval                      72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Doctors and Rehabilitation                      Approval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST



Doctors and Rehabilitation                      Approval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation                      Approval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation                      Approval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Doctors and Rehabilitation                      Approval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Doctors and Rehabilitation Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation  
Doctors and Rehabilitation

Approval  
Approval

72192 CT PELVIS WITHOUT CONTRAST  
72196 MRI PELVIS

Doctors and Rehabilitation  
Doctors and Rehabilitation

Approval  
Approval

73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT  
73221 MRI JOINT OF UPPER EXTREMITY

Doctors and Rehabilitation

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Doctors and Rehabilitation

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Doctors and Rehabilitation

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Doctors and Rehabilitation

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Doctors and Rehabilitation                      Approval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Doctors and Rehabilitation                      Approval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Doctors and Rehabilitation                      Approval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Doctors and Rehabilitation                      Approval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Doctors and Rehabilitation                      Approval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Doctors and Rehabilitation                      Approval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Doctors and Rehabilitation                      Approval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Doctors and Rehabilitation                      Approval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Doctors and Rehabilitation                      Approval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Doctors and Rehabilitation  
Doctors and Rehabilitation

Approval  
Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT  
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Doctors and Rehabilitation

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Doctors and Rehabilitation

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Doctors and Rehabilitation

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Doctors and Rehabilitation

Disapproval

70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Doctors and Rehabilitation

Disapproval

70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Doctors and Rehabilitation	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Doctors and Rehabilitation	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Doctors and Rehabilitation	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Doctors and Rehabilitation	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Doctors and Rehabilitation

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST



Doctors and Rehabilitation

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Doctors and Rehabilitation

Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Doctors and Rehabilitation

Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Doctors and Rehabilitation Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Doctors and Rehabilitation	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
Doctors and Rehabilitation	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
Doctors and Rehabilitation	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
Doctors and Rehabilitation	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Doctors and Rehabilitation	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Doctors and Rehabilitation	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Doctors and Rehabilitation	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Doctors and Rehabilitation Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Emergency Medicine Approval 70450 CT BRAIN, HEAD

Emergency Medicine Approval 70450 CT BRAIN, HEAD

Emergency Medicine Approval 70450 CT BRAIN, HEAD

Emergency Medicine Approval 70450 CT BRAIN, HEAD

Emergency Medicine Approval 70450 CT BRAIN, HEAD

Emergency Medicine	Approval	70450 CT BRAIN, HEAD
Emergency Medicine	Approval	70450 CT BRAIN, HEAD
Emergency Medicine	Approval	70480 CT ORBIT, EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA, EAR ETC.
Emergency Medicine	Approval	70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST
Emergency Medicine	Approval	70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Emergency Medicine                      Approval                      70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Emergency Medicine                      Approval                      70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Emergency Medicine                      Approval                      70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Emergency Medicine                      Approval                      71250 CT CHEST, THORAX

Emergency Medicine                      Approval                      71250 CT CHEST, THORAX

Emergency Medicine                      Approval                      71250 CT CHEST, THORAX

Emergency Medicine                      Approval                      71250 CT CHEST, THORAX



Emergency Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Emergency Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Emergency Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Emergency Medicine	Approval	72196 MRI PELVIS
Emergency Medicine	Approval	72196 MRI PELVIS
Emergency Medicine	Approval	72196 MRI PELVIS
Emergency Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY
Emergency Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY
Emergency Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Emergency Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY

Emergency Medicine

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Emergency Medicine

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73221 MRI JOINT OF UPPER EXTREMITY

Emergency Medicine

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Emergency Medicine

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Emergency Medicine

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Emergency Medicine

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Emergency Medicine

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT



Emergency Medicine

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Emergency Medicine

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Emergency Medicine

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Emergency Medicine

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

Emergency Medicine

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Emergency Medicine

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Emergency Medicine

Approval

74181 MRI ABDOMEN

Emergency Medicine

Approval

74181 MRI ABDOMEN

Emergency Medicine

Approval

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

Emergency Medicine

Approval

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

Emergency Medicine

Approval

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

Emergency Medicine

Approval

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

Emergency Medicine

Disapproval

70450 CT BRAIN, HEAD

Emergency Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Emergency Medicine

Disapproval

71250 CT CHEST, THORAX

Emergency Medicine

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Emergency Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Emergency Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Emergency Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Emergency Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Emergency Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Emergency Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Emergency Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Emergency Medicine	Disapproval	73200 CT ARM OR UPPER EXTREMITY
Emergency Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
Emergency Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY



Emergency Medicine

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Emergency Medicine

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Emergency Medicine

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Emergency Medicine

Disapproval

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

Emergency Medicine  
Endocrinology

Disapproval  
Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study  
70450 CT BRAIN, HEAD

Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Endocrinology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Endocrinology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Endocrinology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Endocrinology

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Endocrinology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Endocrinology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Endocrinology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Endocrinology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Endocrinology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Endocrinology

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Endocrinology	Approval	71250 CT CHEST, THORAX
Endocrinology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Endocrinology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST

Endocrinology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Endocrinology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Endocrinology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Endocrinology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Endocrinology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Endocrinology Approval 74150 CT ABDOMEN WITHOUT CONTRAST



Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Endocrinology	Approval	74181 MRI ABDOMEN
Endocrinology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Endocrinology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Free Standing Surgery Center	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Gastroenterology	Approval	70450 CT BRAIN, HEAD
Gastroenterology	Approval	70450 CT BRAIN, HEAD
Gastroenterology	Approval	70450 CT BRAIN, HEAD
Gastroenterology	Approval	70450 CT BRAIN, HEAD
Gastroenterology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Gastroenterology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Gastroenterology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Gastroenterology	Approval	70544 Mr angiography head w/o dye
Gastroenterology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST



Gastroenterology Approval 71250 CT CHEST, THORAX

Gastroenterology Approval 71250 CT CHEST, THORAX

Gastroenterology Approval 71250 CT CHEST, THORAX

Gastroenterology Approval 71250 CT CHEST, THORAX

Gastroenterology Approval 71250 CT CHEST, THORAX

Gastroenterology	Approval	71250 CT CHEST, THORAX
Gastroenterology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Gastroenterology	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Gastroenterology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Gastroenterology	Approval	72192 CT PELVIS WITHOUT CONTRAST
Gastroenterology	Approval	72192 CT PELVIS WITHOUT CONTRAST
Gastroenterology	Approval	72196 MRI PELVIS
Gastroenterology	Approval	72196 MRI PELVIS
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology

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74150 CT ABDOMEN WITHOUT CONTRAST

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Gastroenterology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology Approval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Gastroenterology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Gastroenterology Approval 74176 CT ABD & PELVIS W/O CONTRAST

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Gastroenterology Approval 74176 CT ABD & PELVIS W/O CONTRAST  
Gastroenterology Approval 74181 MRI ABDOMEN

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74181 MRI ABDOMEN

Gastroenterology

Approval

74261 CT Colonography, diagnostic without contrast

Gastroenterology

Approval

74261 CT Colonography, diagnostic without contrast

Gastroenterology

Approval

74261 CT Colonography, diagnostic without contrast

Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast
Gastroenterology	Approval	74263 CT Colonography, screening
Gastroenterology	Approval	75571 Corornary Artery Calcium Score, EBCT
Gastroenterology	Approval	75571 Corornary Artery Calcium Score, EBCT
Gastroenterology	Approval	75571 Corornary Artery Calcium Score, EBCT
Gastroenterology	Approval	75571 Corornary Artery Calcium Score, EBCT
Gastroenterology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Gastroenterology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Gastroenterology	Approval	S8037 mrcp
Gastroenterology	Approval	S8037 mrcp
Gastroenterology	Approval	S8037 mrcp

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Gastroenterology	Approval	S8037 mrcp
Gastroenterology	Approval	S8037 mrcp
Gastroenterology	Approval	S8037 mrcp
Gastroenterology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Gastroenterology	Disapproval	71250 CT CHEST, THORAX
Gastroenterology	Disapproval	71250 CT CHEST, THORAX
Gastroenterology	Disapproval	71250 CT CHEST, THORAX



Gastroenterology Disapproval 71250 CT CHEST, THORAX

Gastroenterology Disapproval 71250 CT CHEST, THORAX

Gastroenterology Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Gastroenterology Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology Disapproval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Gastroenterology Disapproval 74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST

Gastroenterology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Gastroenterology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Gastroenterology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

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Gastroenterology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST



Gastroenterology Disapproval 74181 MRI ABDOMEN

Gastroenterology Disapproval 74181 MRI ABDOMEN

Gastroenterology Disapproval 74181 MRI ABDOMEN

Gastroenterology Disapproval 74181 MRI ABDOMEN

Gastroenterology Disapproval 74181 MRI ABDOMEN

Gastroenterology Disapproval 74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST

Gastroenterology Disapproval 74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST

Gastroenterology Disapproval S8037 mrcp

Gastroenterology	Disapproval	S8037 mrcp
General/Family Practice	Approval	70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT
General/Family Practice	Approval	70450 CT BRAIN, HEAD

General/Family Practice	Approval	70450 CT BRAIN, HEAD
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General/Family Practice	Approval	70450 CT BRAIN, HEAD
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General/Family Practice	Approval	70450 CT BRAIN, HEAD
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General/Family Practice	Approval	70450 CT BRAIN, HEAD
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General/Family Practice	Approval	70450 CT BRAIN, HEAD
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General/Family Practice                      Approval                      70450 CT BRAIN, HEAD

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70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

General/Family Practice

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70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

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70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

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70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

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72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

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General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY

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General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

General/Family Practice                      Approval                      73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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General/Family Practice                      Approval                      74181 MRI ABDOMEN

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74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST

General/Family Practice

Approval

74261 CT Colonography, diagnostic without contrast

General/Family Practice

Approval

75557 Cardiac MRI Morph & structure w/o contrast

General/Family Practice

Approval

75574 CT Angiography Heart coronary arteries, CCTA



General/Family Practice	Approval	75574 CT Angiography Heart coronary arteries, CCTA
General/Family Practice	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
General/Family Practice	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
General/Family Practice	Approval	76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral

General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
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General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
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General/Family Practice                      Approval                      77058 MRI breast,without and/or with contrast material(s);unilateral

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General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
General/Family Practice	Approval	77078 CT bone mineral density study, 1 or more sites; axial skeleton
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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

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

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study  
78813 PET IMAGING WHOLE BODY

General/Family Practice

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General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
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93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

General/Family Practice

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General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
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General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS
General/Family Practice	Approval	G0235 PET not otherwise specified
General/Family Practice	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening

General/Family Practice                      Approval                      S8032 Low-dose Computed Tomography For Lung Cancer Screening

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General/Family Practice                      Approval                      S8032 Low-dose Computed Tomography For Lung Cancer Screening  
General/Family Practice                      Approval                      S8037 mrcp

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70450 CT BRAIN, HEAD

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General/Family Practice	Disapproval	70450 CT BRAIN, HEAD
General/Family Practice	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

General/Family Practice Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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General/Family Practice Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
General/Family Practice	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
General/Family Practice	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST



General/Family Practice Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

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General/Family Practice Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

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General/Family Practice Disapproval 70540 MRI ORBIT/FACE/NECK W/O DYE

General/Family Practice Disapproval 70540 MRI ORBIT/FACE/NECK W/O DYE

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General/Family Practice Disapproval 70540 MRI ORBIT/FACE/NECK W/O DYE

General/Family Practice Disapproval 70540 MRI ORBIT/FACE/NECK W/O DYE

General/Family Practice Disapproval 70544 Mr angiography head w/o dye

General/Family Practice                      Disapproval                      70544 Mr angiography head w/o dye

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General/Family Practice                      Disapproval                      70544 Mr angiography head w/o dye

General/Family Practice                      Disapproval                      70547 Mr angiography neck w/o dye

General/Family Practice

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

General/Family Practice

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

General/Family Practice

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

General/Family Practice

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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General/Family Practice Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST



General/Family Practice Disapproval 71250 CT CHEST, THORAX

General/Family Practice Disapproval 71250 CT CHEST, THORAX

General/Family Practice Disapproval 71250 CT CHEST, THORAX

General/Family Practice Disapproval 71250 CT CHEST, THORAX

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General/Family Practice Disapproval 71250 CT CHEST, THORAX

General/Family Practice Disapproval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

General/Family Practice Disapproval 71550 MRI CHEST

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General/Family Practice Disapproval 71550 MRI CHEST

General/Family Practice Disapproval 71550 MRI CHEST





General/Family Practice                      Disapproval                      72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

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General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
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General/Family Practice

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72131 CT LUMBAR SPINE, LOW BACK

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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73200 CT ARM OR UPPER EXTREMITY

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73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

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73221 MRI JOINT OF UPPER EXTREMITY

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT





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General/Family Practice Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

General/Family Practice Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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General/Family Practice Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

General/Family Practice

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

General/Family Practice

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

General/Family Practice

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT



General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST

General/Family Practice                      Disapproval                      74150 CT ABDOMEN WITHOUT CONTRAST

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74150 CT ABDOMEN WITHOUT CONTRAST

General/Family Practice	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
General/Family Practice	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
General/Family Practice	Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
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General/Family Practice Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
General/Family Practice	Disapproval	74181 MRI ABDOMEN
General/Family Practice	Disapproval	75571 Corornary Artery Calcium Score, EBCT
General/Family Practice	Disapproval	75571 Corornary Artery Calcium Score, EBCT
General/Family Practice	Disapproval	75571 Corornary Artery Calcium Score, EBCT

General/Family Practice

Disapproval

75572 CT Heart

General/Family Practice

Disapproval

75574 CT Angiography Heart coronary arteries, CCTA

General/Family Practice

Disapproval

75574 CT Angiography Heart coronary arteries, CCTA

General/Family Practice

Disapproval

75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

General/Family Practice

Disapproval

75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

General/Family Practice

Disapproval

77058 MRI breast,without and/or with contrast material(s);unilateral

General/Family Practice

Disapproval

77058 MRI breast,without and/or with contrast material(s);unilateral

General/Family Practice

Disapproval

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

General/Family Practice

Disapproval

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

General/Family Practice

Disapproval

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

General/Family Practice

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

General/Family Practice

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

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

General/Family Practice

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

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



General/Family Practice

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

General/Family Practice

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

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

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

General/Family Practice                      Disapproval                      78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice                      Disapproval                      78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice                      Disapproval                      78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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

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

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

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

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

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

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

General/Family Practice                      Disapproval                      78451 Myocardial perfusion imaging, tomographic (SPECT); single study

General/Family Practice                      Disapproval                      78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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General/Family Practice                      Disapproval                      78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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General/Family Practice

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

General/Family Practice

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

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

General/Family Practice

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

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
General/Family Practice	Disapproval	78813 PET IMAGING WHOLE BODY
General/Family Practice	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL



General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
General/Family Practice	Disapproval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS
General/Family Practice	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
General/Family Practice	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening

General/Family Practice Geriatrics	Disapproval Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening 70450 CT BRAIN, HEAD
Geriatrics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Geriatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Geriatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Geriatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Geriatrics	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening

Geriatrics  
Gynecologic Oncology

Disapproval  
Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST  
71250 CT CHEST, THORAX

Gynecologic Oncology

Approval

71250 CT CHEST, THORAX

Gynecologic Oncology

Approval

71250 CT CHEST, THORAX

Gynecologic Oncology

Approval

71250 CT CHEST, THORAX

Gynecologic Oncology  
Gynecologic Oncology

Approval  
Approval

72196 MRI PELVIS  
74176 CT ABD & PELVIS W/O CONTRAST

Gynecologic Oncology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Gynecologic Oncology

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74176 CT ABD & PELVIS W/O CONTRAST

Gynecologic Oncology

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74176 CT ABD & PELVIS W/O CONTRAST

Gynecologic Oncology

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74176 CT ABD & PELVIS W/O CONTRAST

Gynecologic Oncology

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74176 CT ABD & PELVIS W/O CONTRAST

Gynecologic Oncology

Approval

78813 PET IMAGING WHOLE BODY

Gynecologic Oncology

Approval

78813 PET IMAGING WHOLE BODY

Gynecologic Oncology

Approval

78813 PET IMAGING WHOLE BODY

Gynecologic Oncology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Gynecologic Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Gynecologic Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Gynecologic Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Gynecologic Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Gynecologic Oncology	Disapproval	78813 PET IMAGING WHOLE BODY
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD

Hematologist/Oncologist                      Approval                      70450 CT BRAIN, HEAD

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Hematologist/Oncologist

Approval

70450 CT BRAIN, HEAD

Hematologist/Oncologist

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70450 CT BRAIN, HEAD

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70450 CT BRAIN, HEAD

Hematologist/Oncologist

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70450 CT BRAIN, HEAD

Hematologist/Oncologist                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Hematologist/Oncologist                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Hematologist/Oncologist                      Approval                      70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist                      Approval                      70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist                      Approval                      70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist                      Approval                      70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist                      Approval                      70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist                      Approval                      70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Hematologist/Oncologist Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

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Hematologist/Oncologist

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70540 MRI ORBIT/FACE/NECK W/O DYE

Hematologist/Oncologist

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70540 MRI ORBIT/FACE/NECK W/O DYE

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70540 MRI ORBIT/FACE/NECK W/O DYE

Hematologist/Oncologist

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70544 Mr angiography head w/o dye

Hematologist/Oncologist

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70544 Mr angiography head w/o dye

Hematologist/Oncologist

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST



Hematologist/Oncologist

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71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Hematologist/Oncologist

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Hematologist/Oncologist

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71550 MRI CHEST

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72131 CT LUMBAR SPINE, LOW BACK

Hematologist/Oncologist

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Hematologist/Oncologist

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Hematologist/Oncologist

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Hematologist/Oncologist

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST  
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Hematologist/Oncologist                      Approval                      72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Hematologist/Oncologist                      Approval                      72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Hematologist/Oncologist                      Approval                      72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST  
Hematologist/Oncologist                      Approval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Hematologist/Oncologist                      Approval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST



Hematologist/Oncologist                      Approval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Hematologist/Oncologist                      Approval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Hematologist/Oncologist                      Approval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Hematologist/Oncologist                      Approval                      72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Hematologist/Oncologist  
Hematologist/Oncologist

Approval  
Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST  
72192 CT PELVIS WITHOUT CONTRAST

Hematologist/Oncologist

Approval

72192 CT PELVIS WITHOUT CONTRAST

Hematologist/Oncologist

Approval

72192 CT PELVIS WITHOUT CONTRAST

Hematologist/Oncologist

Approval

72192 CT PELVIS WITHOUT CONTRAST

Hematologist/Oncologist                      Approval                      72196 MRI PELVIS

Hematologist/Oncologist                      Approval                      72196 MRI PELVIS

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72196 MRI PELVIS

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72196 MRI PELVIS

Hematologist/Oncologist	Approval	72196 MRI PELVIS
Hematologist/Oncologist	Approval	73200 CT ARM OR UPPER EXTREMITY
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Hematologist/Oncologist                      Approval                      73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Hematologist/Oncologist                      Approval                      73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Hematologist/Oncologist                      Approval                      73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Hematologist/Oncologist                      Approval                      73221 MRI JOINT OF UPPER EXTREMITY

Hematologist/Oncologist                      Approval                      73221 MRI JOINT OF UPPER EXTREMITY

Hematologist/Oncologist                      Approval                      73221 MRI JOINT OF UPPER EXTREMITY



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73221 MRI JOINT OF UPPER EXTREMITY

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Hematologist/Oncologist

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Approval

73221 MRI JOINT OF UPPER EXTREMITY  
73700 CT LEG OR LOWER EXTREMITY

Hematologist/Oncologist

Approval

73700 CT LEG OR LOWER EXTREMITY

Hematologist/Oncologist

Approval

73700 CT LEG OR LOWER EXTREMITY

Hematologist/Oncologist  
Hematologist/Oncologist

Approval  
Approval

73700 CT LEG OR LOWER EXTREMITY  
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT



Hematologist/Oncologist

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Hematologist/Oncologist

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Hematologist/Oncologist

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Hematologist/Oncologist

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Hematologist/Oncologist

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Hematologist/Oncologist                      Approval                      73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Hematologist/Oncologist                      Approval                      73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Hematologist/Oncologist                      Approval                      73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Hematologist/Oncologist                      Approval                      73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT  
Hematologist/Oncologist                      Approval                      74150 CT ABDOMEN WITHOUT CONTRAST

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Hematologist/Oncologist

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74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist

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74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist

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Hematologist/Oncologist                      Approval                      74181 MRI ABDOMEN

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74181 MRI ABDOMEN

Hematologist/Oncologist

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Hematologist/Oncologist

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Hematologist/Oncologist

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral



Hematologist/Oncologist Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

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Hematologist/Oncologist Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Hematologist/Oncologist                      Approval                      77084 Magnetic resonance imaging, bone marrow blood supply

Hematologist/Oncologist                      Approval                      77084 Magnetic resonance imaging, bone marrow blood supply

Hematologist/Oncologist                      Approval                      77084 Magnetic resonance imaging, bone marrow blood supply

Hematologist/Oncologist                      Approval                      77084 Magnetic resonance imaging, bone marrow blood supply  
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Hematologist/Oncologist                      Approval                      77084 Magnetic resonance imaging, bone marrow blood supply  
Hematologist/Oncologist                      Approval                      78472 CARDIAC OR HEART BLOOD POOL IMAGING

Hematologist/Oncologist                      Approval                      78472 CARDIAC OR HEART BLOOD POOL IMAGING

Hematologist/Oncologist                      Approval                      78472 CARDIAC OR HEART BLOOD POOL IMAGING

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Hematologist/Oncologist                      Approval                      78813 PET IMAGING WHOLE BODY

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Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Hematologist/Oncologist	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Hematologist/Oncologist

Approval

93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Hematologist/Oncologist

Approval

93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Hematologist/Oncologist

Approval

S8032 Low-dose Computed Tomography For Lung Cancer Screening

Hematologist/Oncologist

Approval

S8032 Low-dose Computed Tomography For Lung Cancer Screening

Hematologist/Oncologist

Approval

S8037 mrcp

Hematologist/Oncologist	Approval	S8037 mrcp
Hematologist/Oncologist	Disapproval	70450 CT BRAIN, HEAD
Hematologist/Oncologist	Disapproval	70450 CT BRAIN, HEAD
Hematologist/Oncologist	Disapproval	70450 CT BRAIN, HEAD
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Hematologist/Oncologist	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hematologist/Oncologist	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Hematologist/Oncologist	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Hematologist/Oncologist	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX
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71250 CT CHEST, THORAX

Hematologist/Oncologist

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71250 CT CHEST, THORAX

Hematologist/Oncologist

Disapproval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Hematologist/Oncologist

Disapproval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Hematologist/Oncologist	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Hematologist/Oncologist	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Hematologist/Oncologist	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Hematologist/Oncologist	Disapproval	73200 CT ARM OR UPPER EXTREMITY
Hematologist/Oncologist	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
Hematologist/Oncologist	Disapproval	73700 CT LEG OR LOWER EXTREMITY

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist Disapproval 74176 CT ABD & PELVIS W/O CONTRAST











Hematologist/Oncologist

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist

Disapproval

74181 MRI ABDOMEN

Hematologist/Oncologist

Disapproval

75574 CT Angiography Heart coronary arteries, CCTA

Hematologist/Oncologist

Disapproval

77058 MRI breast,without and/or with contrast material(s);unilateral

Hematologist/Oncologist

Disapproval

78472 CARDIAC OR HEART BLOOD POOL IMAGING

Hematologist/Oncologist

Disapproval

78813 PET IMAGING WHOLE BODY

Hematologist/Oncologist

Disapproval

78813 PET IMAGING WHOLE BODY

Hematologist/Oncologist

Disapproval

78813 PET IMAGING WHOLE BODY

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Hematologist/Oncologist

Disapproval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY





Hematologist/Oncologist Disapproval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

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Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
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Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Hospital	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Industrial Medicine

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

Infectious Diseases

Approval

70450 CT BRAIN, HEAD

Infectious Diseases

Approval

70450 CT BRAIN, HEAD

Infectious Diseases

Approval

70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST

Infectious Diseases

Approval

70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST

Infectious Diseases Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Infectious Diseases Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Infectious Diseases Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Infectious Diseases Approval 71250 CT CHEST, THORAX

Infectious Diseases Approval 71250 CT CHEST, THORAX

Infectious Diseases Approval 71250 CT CHEST, THORAX



Infectious Diseases Approval 71250 CT CHEST, THORAX

Infectious Diseases Approval 71250 CT CHEST, THORAX

Infectious Diseases Approval 71250 CT CHEST, THORAX

Infectious Diseases Approval 72192 CT PELVIS WITHOUT CONTRAST

Infectious Diseases Approval 73200 CT ARM OR UPPER EXTREMITY

Infectious Diseases Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Infectious Diseases Approval 74176 CT ABD & PELVIS W/O CONTRAST

Infectious Diseases Approval 74176 CT ABD & PELVIS W/O CONTRAST

Infectious Diseases Approval 74176 CT ABD & PELVIS W/O CONTRAST

Infectious Diseases Approval 74176 CT ABD & PELVIS W/O CONTRAST

Infectious Diseases Approval 74176 CT ABD & PELVIS W/O CONTRAST

Infectious Diseases Approval 74181 MRI ABDOMEN

Internal Medicine Approval 70450 CT BRAIN, HEAD

Internal Medicine	Approval	70450 CT BRAIN, HEAD
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Internal Medicine                      Approval                      70450 CT BRAIN, HEAD

Internal Medicine                      Approval                      70450 CT BRAIN, HEAD

Internal Medicine                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine                      Approval                      70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Internal Medicine                      Approval                      70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Internal Medicine                      Approval                      70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Internal Medicine                      Approval                      70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Internal Medicine                      Approval                      70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Internal Medicine                      Approval                      70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Internal Medicine                      Approval                      70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Internal Medicine                      Approval                      70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Internal Medicine                      Approval                      70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST



Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Internal Medicine	Approval	70544 Mr angiography head w/o dye
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Internal Medicine                      Approval                      70547 Mr angiography neck w/o dye

Internal Medicine                      Approval                      70547 Mr angiography neck w/o dye

Internal Medicine                      Approval                      70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine                      Approval                      70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Internal Medicine Approval 71250 CT CHEST, THORAX

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Internal Medicine                      Approval              71250 CT CHEST, THORAX

Internal Medicine                      Approval              71250 CT CHEST, THORAX

Internal Medicine                      Approval              71250 CT CHEST, THORAX

Internal Medicine                      Approval              71250 CT CHEST, THORAX

Internal Medicine                      Approval                      71250 CT CHEST, THORAX

Internal Medicine                      Approval                      71250 CT CHEST, THORAX

Internal Medicine                      Approval                      71250 CT CHEST, THORAX

Internal Medicine                      Approval                      71250 CT CHEST, THORAX

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Internal Medicine                      Approval                      71250 CT CHEST, THORAX

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Internal Medicine                      Approval                      71250 CT CHEST, THORAX

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Internal Medicine

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71250 CT CHEST, THORAX

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71250 CT CHEST, THORAX

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71250 CT CHEST, THORAX

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71250 CT CHEST, THORAX









Internal Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST



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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Internal Medicine

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Internal Medicine

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST





Internal Medicine  
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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST  
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Internal Medicine

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Internal Medicine                      Approval                      72192 CT PELVIS WITHOUT CONTRAST

Internal Medicine                      Approval                      72192 CT PELVIS WITHOUT CONTRAST

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Internal Medicine Approval 72192 CT PELVIS WITHOUT CONTRAST

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Internal Medicine Approval 72192 CT PELVIS WITHOUT CONTRAST  
Internal Medicine Approval 72196 MRI PELVIS

Internal Medicine Approval 72196 MRI PELVIS

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Internal Medicine Approval 72196 MRI PELVIS  
Internal Medicine Approval 72196 MRI PELVIS

Internal Medicine Approval 72196 MRI PELVIS

Internal Medicine	Approval	72196 MRI PELVIS
Internal Medicine	Approval	72196 MRI PELVIS
Internal Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY
Internal Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY
Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Internal Medicine

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Internal Medicine

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73221 MRI JOINT OF UPPER EXTREMITY

Internal Medicine

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73221 MRI JOINT OF UPPER EXTREMITY

Internal Medicine

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73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

Internal Medicine                      Approval                      73221 MRI JOINT OF UPPER EXTREMITY

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Internal Medicine                      Approval                      73221 MRI JOINT OF UPPER EXTREMITY

Internal Medicine                      Approval                      73221 MRI JOINT OF UPPER EXTREMITY

Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY
Internal Medicine	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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Internal Medicine                      Approval            73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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Internal Medicine                      Approval                      73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Internal Medicine

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Internal Medicine  
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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT  
74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine

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74150 CT ABDOMEN WITHOUT CONTRAST

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Internal Medicine Approval 74150 CT ABDOMEN WITHOUT CONTRAST  
Internal Medicine Approval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST  
Internal Medicine Approval 74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST  
Internal Medicine Approval 74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine Approval 74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine Approval 74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine Approval 74176 CT ABD & PELVIS W/O CONTRAST



Internal Medicine

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74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST





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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine                      Approval                      74176 CT ABD & PELVIS W/O CONTRAST

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Internal Medicine                      Approval                      74176 CT ABD & PELVIS W/O CONTRAST  
Internal Medicine                      Approval                      74181 MRI ABDOMEN

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Internal Medicine	Approval	74181 MRI ABDOMEN
Internal Medicine	Approval	74181 MRI ABDOMEN
Internal Medicine	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST
Internal Medicine	Approval	75557 Cardiac MRI Morph & structure w/o contrast
Internal Medicine	Approval	75572 CT Heart
Internal Medicine	Approval	75574 CT Angiography Heart coronary arteries, CCTA
Internal Medicine	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Internal Medicine	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral

Internal Medicine

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Internal Medicine

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Internal Medicine

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Internal Medicine

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Internal Medicine

Approval

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

Internal Medicine

Approval

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

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

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

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

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

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



Internal Medicine

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

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

Internal Medicine

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



Internal Medicine

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

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

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

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

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

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

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

Internal Medicine

Approval

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

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING
Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY
Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Internal Medicine	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening

Internal Medicine                      Approval              S8032 Low-dose Computed Tomography For Lung Cancer Screening

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Internal Medicine                      Approval              S8032 Low-dose Computed Tomography For Lung Cancer Screening

Internal Medicine                      Disapproval              70450 CT BRAIN, HEAD

Internal Medicine                      Disapproval              70450 CT BRAIN, HEAD



Internal Medicine Disapproval 70450 CT BRAIN, HEAD

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Internal Medicine Disapproval 70450 CT BRAIN, HEAD

Internal Medicine Disapproval 70450 CT BRAIN, HEAD

Internal Medicine Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Internal Medicine	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Internal Medicine	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Internal Medicine	Disapproval	70544 Mr angiography head w/o dye
Internal Medicine	Disapproval	70544 Mr angiography head w/o dye
Internal Medicine	Disapproval	70544 Mr angiography head w/o dye
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine

Disapproval

71250 CT CHEST, THORAX



Internal Medicine

Disapproval

71250 CT CHEST, THORAX

Internal Medicine

Disapproval

71250 CT CHEST, THORAX

Internal Medicine

Disapproval

71250 CT CHEST, THORAX

Internal Medicine

Disapproval

71250 CT CHEST, THORAX

Internal Medicine                                  Disapproval        71250 CT CHEST, THORAX

Internal Medicine                                  Disapproval        71250 CT CHEST, THORAX

Internal Medicine                                  Disapproval        71250 CT CHEST, THORAX

Internal Medicine                                  Disapproval        71250 CT CHEST, THORAX

Internal Medicine Disapproval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Internal Medicine Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Internal Medicine Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Internal Medicine Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Internal Medicine Disapproval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Internal Medicine Disapproval 72131 CT LUMBAR SPINE, LOW BACK

Internal Medicine Disapproval 72131 CT LUMBAR SPINE, LOW BACK



Internal Medicine

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Internal Medicine

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Internal Medicine

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Internal Medicine

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Internal Medicine

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Internal Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Internal Medicine

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Internal Medicine Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Internal Medicine Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Internal Medicine                      Disapproval      72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Internal Medicine Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Internal Medicine Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Internal Medicine Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST  
Internal Medicine Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Internal Medicine Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Internal Medicine Disapproval 72192 CT PELVIS WITHOUT CONTRAST

Internal Medicine Disapproval 72196 MRI PELVIS

Internal Medicine Disapproval 72196 MRI PELVIS

Internal Medicine	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
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Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
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Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
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Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
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Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
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Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
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Internal Medicine

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Internal Medicine

Disapproval

73700 CT LEG OR LOWER EXTREMITY

Internal Medicine

Disapproval

73706 CT ANGIOGRAPHY LOWER EXTREMITY

Internal Medicine

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Internal Medicine                      Disapproval              73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Internal Medicine                      Disapproval              73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Internal Medicine                      Disapproval              73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Internal Medicine                      Disapproval              73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Internal Medicine                      Disapproval              73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Internal Medicine

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Internal Medicine

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Internal Medicine

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Internal Medicine

Disapproval

74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine

Disapproval

74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine

Disapproval

74150 CT ABDOMEN WITHOUT CONTRAST



Internal Medicine Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine Disapproval 74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST

Internal Medicine Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

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Internal Medicine Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine	Disapproval	74181 MRI ABDOMEN
Internal Medicine	Disapproval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST
Internal Medicine	Disapproval	74263 CT Colonography, screening
Internal Medicine	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral
Internal Medicine	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral
Internal Medicine	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Internal Medicine

Disapproval

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

Internal Medicine

Disapproval

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

Internal Medicine

Disapproval

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

Internal Medicine

Disapproval

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

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

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

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

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

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

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

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

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

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

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

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

Internal Medicine Disapproval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY



Internal Medicine	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Internal Medicine	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Internal Medicine	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Internal Medicine	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Internal Medicine	Disapproval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS
Internal Medicine	Disapproval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS
Interventional Radiologists	Approval	71250 CT CHEST, THORAX

Interventional Radiologists	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Interventional Radiologists	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Interventional Radiologists	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Interventional Radiologists	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Interventional Radiologists	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
Interventional Radiologists	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Interventional Radiologists	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Interventional Radiologists	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Interventional Radiologists	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Interventional Radiologists	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Interventional Radiologists	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Nephrology	Approval	70544 Mr angiography head w/o dye
Nephrology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Nephrology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Nephrology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Nephrology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Nephrology	Approval	71250 CT CHEST, THORAX
Nephrology	Approval	71250 CT CHEST, THORAX
Nephrology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Nephrology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Nephrology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Nephrology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Nephrology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Nephrology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Nephrology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Nephrology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Nephrology	Approval	74181 MRI ABDOMEN

Nephrology	Approval	74181 MRI ABDOMEN
Nephrology	Approval	74181 MRI ABDOMEN
Nephrology	Disapproval	70544 Mr angiography head w/o dye
Nephrology	Disapproval	70547 Mr angiography neck w/o dye
Nephrology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Nephrology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Nephrology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Nephrology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST
Nephrology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Nephrology	Disapproval	74181 MRI ABDOMEN
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Nephrology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Neurological Surgery	Approval	70450 CT BRAIN, HEAD

Neurological Surgery	Approval	70450 CT BRAIN, HEAD
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Neurological Surgery	Approval	70450 CT BRAIN, HEAD
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Neurological Surgery	Approval	70450 CT BRAIN, HEAD
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Neurological Surgery	Approval	70450 CT BRAIN, HEAD
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Neurological Surgery Approval 70450 CT BRAIN, HEAD

Neurological Surgery Approval 70450 CT BRAIN, HEAD

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Neurological Surgery Approval 70450 CT BRAIN, HEAD

Neurological Surgery Approval 70450 CT BRAIN, HEAD

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Neurological Surgery Approval 70450 CT BRAIN, HEAD

Neurological Surgery Approval 70450 CT BRAIN, HEAD

Neurological Surgery Approval 70450 CT BRAIN, HEAD





Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Neurological Surgery	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Neurological Surgery	Approval	70544 Mr angiography head w/o dye
Neurological Surgery	Approval	70544 Mr angiography head w/o dye

Neurological Surgery  
Neurological Surgery

Approval  
Approval

70544 Mr angiography head w/o dye  
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurological Surgery

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurological Surgery

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurological Surgery

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurological Surgery	Approval	71250 CT CHEST, THORAX
Neurological Surgery	Approval	71250 CT CHEST, THORAX
Neurological Surgery	Approval	71250 CT CHEST, THORAX
Neurological Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Neurological Surgery	Approval	71550 MRI CHEST
Neurological Surgery	Approval	71550 MRI CHEST
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Neurological Surgery

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72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

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Neurological Surgery

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72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Neurological Surgery

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72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

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72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

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Neurological Surgery Approval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Neurological Surgery Approval 72131 CT LUMBAR SPINE, LOW BACK



Neurological Surgery

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72131 CT LUMBAR SPINE, LOW BACK

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Neurological Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST

Neurological Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST
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Neurological Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST
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Neurological Surgery	Approval	72196 MRI PELVIS
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Neurological Surgery	Approval	72196 MRI PELVIS
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Neurological Surgery	Approval	72196 MRI PELVIS
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Neurological Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY
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Neurological Surgery

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Neurological Surgery

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73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Neurological Surgery

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Neurological Surgery

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Neurological Surgery

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Neurological Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Neurological Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Neurological Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Neurological Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD
Neurological Surgery	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Neurological Surgery	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Neurological Surgery	Disapproval	70544 Mr angiography head w/o dye

Neurological Surgery	Disapproval	70547 Mr angiography neck w/o dye
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurological Surgery	Disapproval	71250 CT CHEST, THORAX
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
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Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

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Neurological Surgery Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Neurological Surgery Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Neurological Surgery Disapproval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Neurological Surgery Disapproval 72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery Disapproval 72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery Disapproval 72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neurological Surgery

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neurological Surgery

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neurological Surgery                      Disapproval                      72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Neurological Surgery Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurological Surgery Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurological Surgery Disapproval 72192 CT PELVIS WITHOUT CONTRAST

Neurological Surgery Disapproval 72196 MRI PELVIS

Neurological Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
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Neurological Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
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Neurological Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
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Neurological Surgery	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
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Neurological Surgery	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST
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Neurological Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
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Neurology	Approval	0042T Ct perfusion w/contrast, cbf
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Neurology	Approval	70450 CT BRAIN, HEAD
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Neurology Approval 70450 CT BRAIN, HEAD

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Neurology	Approval	70450 CT BRAIN, HEAD
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Neurology	Approval	70450 CT BRAIN, HEAD
Neurology	Approval	70450 CT BRAIN, HEAD
Neurology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Neurology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Neurology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Neurology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Neurology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Neurology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Neurology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST  
Neurology Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Neurology Approval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Neurology Approval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

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Neurology Approval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Neurology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Neurology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Neurology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Neurology Approval 70544 Mr angiography head w/o dye

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Neurology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurology	Approval	70554 Functional MRI Brain

Neurology	Approval	71250 CT CHEST, THORAX
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Neurology Approval 71250 CT CHEST, THORAX

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Neurology Approval 71250 CT CHEST, THORAX

Neurology Approval 71550 MRI CHEST

Neurology	Approval	71550 MRI CHEST
Neurology	Approval	71550 MRI CHEST
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Neurology	Approval	72131 CT LUMBAR SPINE, LOW BACK





Neurology Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Neurology Approval 72196 MRI PELVIS

Neurology Approval 72196 MRI PELVIS

Neurology Approval 72196 MRI PELVIS

Neurology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Neurology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Neurology Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Neurology Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Neurology Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Neurology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Neurology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Neurology Approval 74176 CT ABD & PELVIS W/O CONTRAST  
Neurology Approval 75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING  
Neurology Approval 76390 Mr spectroscopy

Neurology Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING  
Neurology Approval 78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]

Neurology Approval 78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]

Neurology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Neurology	Disapproval	70450 CT BRAIN, HEAD
Neurology	Disapproval	70450 CT BRAIN, HEAD
Neurology	Disapproval	70450 CT BRAIN, HEAD
Neurology	Disapproval	70450 CT BRAIN, HEAD
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Neurology Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Neurology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Neurology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Neurology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Neurology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Neurology Disapproval 70544 Mr angiography head w/o dye



Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

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70544 Mr angiography head w/o dye

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Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70544 Mr angiography head w/o dye

Neurology Disapproval 70547 Mr angiography neck w/o dye

Neurology Disapproval 70547 Mr angiography neck w/o dye

Neurology Disapproval 70547 Mr angiography neck w/o dye

Neurology Disapproval 70547 Mr angiography neck w/o dye

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Neurology	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neurology

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST



Neurology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Neurology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neurology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neurology Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Neurology Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Neurology Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Neurology Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Neurology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST
Neurology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST
Neurology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Neurology	Disapproval	73700 CT LEG OR LOWER EXTREMITY

Neurology	Disapproval	73700 CT LEG OR LOWER EXTREMITY
Neurology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Neurology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST
Neurology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Neurology	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Neurology	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]
Neurology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Neurology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Neurology OB/Gynecology	Disapproval Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL 70450 CT BRAIN, HEAD
OB/Gynecology	Approval	70450 CT BRAIN, HEAD
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
OB/Gynecology	Approval	71250 CT CHEST, THORAX
OB/Gynecology	Approval	71250 CT CHEST, THORAX

OB/Gynecology

Approval

71250 CT CHEST, THORAX

OB/Gynecology

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71250 CT CHEST, THORAX

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71250 CT CHEST, THORAX

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71250 CT CHEST, THORAX

OB/Gynecology

Approval

71250 CT CHEST, THORAX



OB/Gynecology  
OB/Gynecology

Approval  
Approval

71250 CT CHEST, THORAX  
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

OB/Gynecology  
OB/Gynecology

Approval  
Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST  
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

OB/Gynecology

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

OB/Gynecology  
OB/Gynecology

Approval  
Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST  
72192 CT PELVIS WITHOUT CONTRAST

OB/Gynecology

Approval

72192 CT PELVIS WITHOUT CONTRAST

OB/Gynecology

Approval

72192 CT PELVIS WITHOUT CONTRAST

OB/Gynecology

Approval

72192 CT PELVIS WITHOUT CONTRAST

OB/Gynecology

Approval

72192 CT PELVIS WITHOUT CONTRAST

OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST
OB/Gynecology	Approval	72196 MRI PELVIS

OB/Gynecology	Approval	72196 MRI PELVIS
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OB/Gynecology	Approval	72196 MRI PELVIS
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OB/Gynecology	Approval	72196 MRI PELVIS
OB/Gynecology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST







OB/Gynecology Approval 74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology Approval 74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology Approval 74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology Approval 74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

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74176 CT ABD & PELVIS W/O CONTRAST



OB/Gynecology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
OB/Gynecology	Approval	74181 MRI ABDOMEN
OB/Gynecology	Approval	74712 Fetal MRI
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral

OB/Gynecology                      Approval                      77058 MRI breast,without and/or with contrast material(s);unilateral

OB/Gynecology                      Approval                      77058 MRI breast,without and/or with contrast material(s);unilateral

OB/Gynecology                      Approval                      77058 MRI breast,without and/or with contrast material(s);unilateral

OB/Gynecology                      Approval                      77058 MRI breast,without and/or with contrast material(s);unilateral

OB/Gynecology                      Approval                      77058 MRI breast,without and/or with contrast material(s);unilateral

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
OB/Gynecology	Approval	78813 PET IMAGING WHOLE BODY
OB/Gynecology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

OB/Gynecology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

OB/Gynecology

Disapproval

70450 CT BRAIN, HEAD

OB/Gynecology

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

OB/Gynecology

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

OB/Gynecology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

OB/Gynecology Disapproval 72192 CT PELVIS WITHOUT CONTRAST

OB/Gynecology Disapproval 72196 MRI PELVIS

OB/Gynecology Disapproval 72196 MRI PELVIS

OB/Gynecology Disapproval 72196 MRI PELVIS

OB/Gynecology Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

OB/Gynecology Disapproval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

OB/Gynecology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
OB/Gynecology	Disapproval	74181 MRI ABDOMEN
OB/Gynecology	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral
OB/Gynecology	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral



OB/Gynecology	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral
OB/Gynecology	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS
Occupational Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Oncology Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Oncology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Oncology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Oncology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Oncology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Oncology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Oncology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Oncology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Oncology Approval 71250 CT CHEST, THORAX

Oncology Approval 71250 CT CHEST, THORAX

Oncology Approval 71250 CT CHEST, THORAX

Oncology Approval 71250 CT CHEST, THORAX

Oncology Approval 71250 CT CHEST, THORAX

Oncology Approval 71250 CT CHEST, THORAX

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Oncology Approval 71250 CT CHEST, THORAX

Oncology Approval 71250 CT CHEST, THORAX



Oncology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Oncology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Oncology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Oncology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Oncology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Oncology	Approval	74181 MRI ABDOMEN
Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Oncology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING
Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Oncology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Oncology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Oncology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Oncology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Oncology Disapproval 78813 PET IMAGING WHOLE BODY

Oncology Disapproval 78813 PET IMAGING WHOLE BODY

Oncology Disapproval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY  
Ophthalmology Approval 70450 CT BRAIN, HEAD



Ophthalmology

Approval

70450 CT BRAIN, HEAD

Ophthalmology

Approval

70450 CT BRAIN, HEAD

Ophthalmology

Approval

70450 CT BRAIN, HEAD

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70450 CT BRAIN, HEAD

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Approval

70450 CT BRAIN, HEAD

Ophthalmology

Approval

70450 CT BRAIN, HEAD

Ophthalmology

Approval

70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Ophthalmology

Approval

70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Ophthalmology Approval 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Ophthalmology Approval 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Ophthalmology Approval 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Ophthalmology Approval 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Ophthalmology Approval 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Ophthalmology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Ophthalmology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Ophthalmology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Ophthalmology Approval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

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Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE  
Ophthalmology Approval 70544 Mr angiography head w/o dye

Ophthalmology Approval 70544 Mr angiography head w/o dye

Ophthalmology Approval 70544 Mr angiography head w/o dye

Ophthalmology Approval 70544 Mr angiography head w/o dye

Ophthalmology Approval 70544 Mr angiography head w/o dye

Ophthalmology Approval 70544 Mr angiography head w/o dye

Ophthalmology Approval 70544 Mr angiography head w/o dye

Ophthalmology Approval 70544 Mr angiography head w/o dye

Ophthalmology Approval 70544 Mr angiography head w/o dye

Ophthalmology Approval 70547 Mr angiography neck w/o dye

Ophthalmology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Ophthalmology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Ophthalmology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Ophthalmology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Ophthalmology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Ophthalmology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST



Ophthalmology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Ophthalmology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST  
71250 CT CHEST, THORAX

Ophthalmology

Approval

71250 CT CHEST, THORAX

Ophthalmology

Disapproval

70450 CT BRAIN, HEAD

Ophthalmology

Disapproval

70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Ophthalmology

Disapproval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Ophthalmology

Disapproval

70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Disapproval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Disapproval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Disapproval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Disapproval 70540 MRI ORBIT/FACE/NECK W/O DYE

Ophthalmology Disapproval 70544 Mr angiography head w/o dye

Ophthalmology Disapproval 70544 Mr angiography head w/o dye

Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Oral/Maxillofacial	Approval	70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT
Oral/Maxillofacial	Approval	70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST
Oral/Maxillofacial	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY
Orthopedics	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Orthopedics	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST



Orthopedics

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Orthopedics

Approval

71250 CT CHEST, THORAX





Orthopedics Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Orthopedics Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Orthopedics Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Orthopedics Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Orthopedics Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Orthopedics Approval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Orthopedics Approval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Orthopedics Approval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

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Orthopedics Approval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Orthopedics Approval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST  
Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

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72131 CT LUMBAR SPINE, LOW BACK  
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Orthopedics Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Orthopedics Approval 72192 CT PELVIS WITHOUT CONTRAST

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Orthopedics Approval 72196 MRI PELVIS

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Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY
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Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
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Orthopedics Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT  
Orthopedics Approval 73221 MRI JOINT OF UPPER EXTREMITY

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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT



Orthopedics Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Orthopedics Approval 74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST

Orthopedics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Orthopedics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Orthopedics	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Orthopedics	Disapproval	71250 CT CHEST, THORAX
Orthopedics	Disapproval	71550 MRI CHEST
Orthopedics	Disapproval	71550 MRI CHEST
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Orthopedics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Orthopedics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Orthopedics

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Orthopedics

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Orthopedics

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Orthopedics

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Orthopedics

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Orthopedics Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Orthopedics Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Orthopedics Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Orthopedics Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Orthopedics Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Orthopedics Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Orthopedics Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Orthopedics Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Orthopedics Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Orthopedics Disapproval 72192 CT PELVIS WITHOUT CONTRAST

Orthopedics Disapproval 72196 MRI PELVIS

Orthopedics Disapproval 72196 MRI PELVIS

Orthopedics Disapproval 72196 MRI PELVIS

Orthopedics Disapproval 73200 CT ARM OR UPPER EXTREMITY

Orthopedics Disapproval 73200 CT ARM OR UPPER EXTREMITY

Orthopedics Disapproval 73200 CT ARM OR UPPER EXTREMITY

Orthopedics Disapproval 73200 CT ARM OR UPPER EXTREMITY

Orthopedics Disapproval 73200 CT ARM OR UPPER EXTREMITY

Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Orthopedics

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Orthopedics

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Orthopedics

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY



Orthopedics Disapproval 73700 CT LEG OR LOWER EXTREMITY

Orthopedics Disapproval 73700 CT LEG OR LOWER EXTREMITY

Orthopedics Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Orthopedics Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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Orthopedics

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Orthopedics

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics

Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Orthopedics Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Orthopedics Withdrawal 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Orthopedics Withdrawal 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Osteopath Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST



Osteopath	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Osteopath	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Osteopath	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Osteopath	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Osteopath	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Osteopath	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Osteopath	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Osteopath	Approval	73221 MRI JOINT OF UPPER EXTREMITY

Osteopath Approval 73221 MRI JOINT OF UPPER EXTREMITY

Osteopath Approval 73700 CT LEG OR LOWER EXTREMITY

Osteopath Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Osteopath Approval 74176 CT ABD & PELVIS W/O CONTRAST

Osteopath Approval 74176 CT ABD & PELVIS W/O CONTRAST

Osteopath	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Osteopath	Disapproval	71250 CT CHEST, THORAX
Osteopath	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Osteopath	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Other	Approval	70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT
Other	Approval	70450 CT BRAIN, HEAD
Other	Approval	70450 CT BRAIN, HEAD
Other	Approval	70450 CT BRAIN, HEAD

Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Other	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Other	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Other	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Other	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Other	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Other Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Other Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Other Approval 71250 CT CHEST, THORAX

Other Approval 71250 CT CHEST, THORAX

Other Approval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Other Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST



Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Other	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Other	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Other	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Other	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST

Other Approval 74176 CT ABD & PELVIS W/O CONTRAST

Other Approval 74176 CT ABD & PELVIS W/O CONTRAST

Other Approval 74176 CT ABD & PELVIS W/O CONTRAST

Other Approval 74176 CT ABD & PELVIS W/O CONTRAST

Other Approval 74181 MRI ABDOMEN

Other Disapproval 70450 CT BRAIN, HEAD



Other Disapproval 70450 CT BRAIN, HEAD

Other Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Other Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Other Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Other Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Other Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Other Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Other Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Other Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Other Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Other Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Other Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Other Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Other	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
OTHER O/P DIAG TESTING	Approval	71250 CT CHEST, THORAX
OTHER O/P DIAG TESTING	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
OTHER O/P DIAG TESTING	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
OTHER O/P DIAG TESTING	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
OTHER O/P DIAG TESTING	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
OTHER O/P DIAG TESTING	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Otolaryngology	Approval	70450 CT BRAIN, HEAD
Otolaryngology	Approval	70450 CT BRAIN, HEAD

Otolaryngology	Approval	70450 CT BRAIN, HEAD
Otolaryngology	Approval	70450 CT BRAIN, HEAD
Otolaryngology	Approval	70450 CT BRAIN, HEAD
Otolaryngology	Approval	70450 CT BRAIN, HEAD
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Otolaryngology Approval 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Otolaryngology Approval 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Otolaryngology Approval 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Otolaryngology Approval 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST



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Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology

Approval

70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology

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70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

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70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology                      Approval                      70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

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Otolaryngology Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology Approval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Otolaryngology Approval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Otolaryngology Approval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Otolaryngology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Otolaryngology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Otolaryngology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Otolaryngology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Otolaryngology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Otolaryngology	Approval	70544 Mr angiography head w/o dye
Otolaryngology	Approval	70544 Mr angiography head w/o dye
Otolaryngology	Approval	70544 Mr angiography head w/o dye
Otolaryngology	Approval	70547 Mr angiography neck w/o dye
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Otolaryngology

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Otolaryngology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Otolaryngology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST  
Otolaryngology Approval 71250 CT CHEST, THORAX

Otolaryngology Approval 71250 CT CHEST, THORAX

Otolaryngology Approval 71250 CT CHEST, THORAX

Otolaryngology Approval 71250 CT CHEST, THORAX

Otolaryngology Approval 71250 CT CHEST, THORAX

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Otolaryngology

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71250 CT CHEST, THORAX

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71250 CT CHEST, THORAX

Otolaryngology

Approval

71250 CT CHEST, THORAX

Otolaryngology	Approval	71250 CT CHEST, THORAX
Otolaryngology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Otolaryngology	Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST
Otolaryngology	Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST
Otolaryngology	Approval	74181 MRI ABDOMEN
Otolaryngology	Approval	78813 PET IMAGING WHOLE BODY
Otolaryngology	Approval	78813 PET IMAGING WHOLE BODY
Otolaryngology	Approval	78813 PET IMAGING WHOLE BODY



Otolaryngology

Approval

78813 PET IMAGING WHOLE BODY

Otolaryngology

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78813 PET IMAGING WHOLE BODY

Otolaryngology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Otolaryngology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

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78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

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Otolaryngology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Otolaryngology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY  
Otolaryngology Disapproval 70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT

Otolaryngology Disapproval 70450 CT BRAIN, HEAD

Otolaryngology Disapproval 70450 CT BRAIN, HEAD

Otolaryngology Disapproval 70450 CT BRAIN, HEAD



Otolaryngology Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Otolaryngology Disapproval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Otolaryngology Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Otolaryngology Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Otolaryngology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST  
Otolaryngology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Otolaryngology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Otolaryngology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Otolaryngology Disapproval 71250 CT CHEST, THORAX

Otolaryngology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Otolaryngology

Disapproval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Pathology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatric Oncology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatric Oncology

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Pediatric Oncology

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Pediatric Oncology

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Pediatric Oncology

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Pediatric Oncology

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Pediatric Oncology

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Pediatric Oncology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Pediatric Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Pediatric Oncology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Pediatric Oncology	Disapproval	71250 CT CHEST, THORAX
Pediatric Oncology	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Pediatric Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Pediatrics	Approval	70450 CT BRAIN, HEAD
Pediatrics	Approval	70450 CT BRAIN, HEAD



Pediatrics Approval 70450 CT BRAIN, HEAD

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Pediatrics Approval 70450 CT BRAIN, HEAD

Pediatrics Approval 70450 CT BRAIN, HEAD

Pediatrics	Approval	70450 CT BRAIN, HEAD
Pediatrics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pediatrics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Pediatrics	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Pediatrics	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE

Pediatrics

Approval

70544 Mr angiography head w/o dye

Pediatrics

Approval

70544 Mr angiography head w/o dye

Pediatrics

Approval

70547 Mr angiography neck w/o dye

Pediatrics

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatrics

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatrics

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Pediatrics	Approval	71250 CT CHEST, THORAX

Pediatrics	Approval	71250 CT CHEST, THORAX
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Pediatrics	Approval	71250 CT CHEST, THORAX
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Pediatrics Approval 71250 CT CHEST, THORAX

Pediatrics Approval 71250 CT CHEST, THORAX

Pediatrics Approval 71250 CT CHEST, THORAX

Pediatrics Approval 71250 CT CHEST, THORAX

Pediatrics Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Pediatrics Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Pediatrics Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Pediatrics Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Pediatrics Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Pediatrics Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Pediatrics Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Pediatrics Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Pediatrics Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST  
Pediatrics Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Pediatrics Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Pediatrics Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Pediatrics Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Pediatrics Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Pediatrics Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Pediatrics Approval 72192 CT PELVIS WITHOUT CONTRAST

Pediatrics Approval 72192 CT PELVIS WITHOUT CONTRAST

Pediatrics Approval 72196 MRI PELVIS

Pediatrics	Approval	72196 MRI PELVIS
Pediatrics	Approval	72196 MRI PELVIS
Pediatrics	Approval	72196 MRI PELVIS
Pediatrics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY

Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Pediatrics	Approval	73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
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Pediatrics Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Pediatrics Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Pediatrics Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Pediatrics Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST



Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST

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Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST

Pediatrics Approval 74176 CT ABD & PELVIS W/O CONTRAST  
Pediatrics Approval 74181 MRI ABDOMEN

Pediatrics Approval 74181 MRI ABDOMEN

Pediatrics Approval 75557 Cardiac MRI Morph & structure w/o contrast  
Pediatrics Approval 75557 Cardiac MRI Morph & structure w/o contrast  
Pediatrics Approval 75573 CT Heart Congenital Study

Pediatrics Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Pediatrics Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY  
Pediatrics Approval S8037 mrcp

Pediatrics Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Pediatrics Disapproval 70540 MRI ORBIT/FACE/NECK W/O DYE

Pediatrics Disapproval 70544 Mr angiography head w/o dye

Pediatrics Disapproval 71250 CT CHEST, THORAX

Pediatrics Disapproval 71250 CT CHEST, THORAX

Pediatrics Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Pediatrics Disapproval 72196 MRI PELVIS

Pediatrics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Pediatrics Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Pediatrics Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Physical Medicine Approval 71550 MRI CHEST

Physical Medicine Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Physical Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Physical Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Physical Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Physical Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Physical Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY

Plastic Surgery	Approval	70450 CT BRAIN, HEAD
Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Plastic Surgery	Approval	71550 MRI CHEST
Plastic Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Plastic Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Plastic Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY
Plastic Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Plastic Surgery	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY

Plastic Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Plastic Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Plastic Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Plastic Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral

Plastic Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
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Plastic Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
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Podiatry	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
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Podiatry	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
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Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY
Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT



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Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Podiatry Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Podiatry	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
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Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Preventitive Medicine	Disapproval	70450 CT BRAIN, HEAD
Preventitive Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Psychiatry	Approval	70450 CT BRAIN, HEAD
Psychiatry	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Psychiatry	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Pulmonary Medicine	Approval	70450 CT BRAIN, HEAD
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST



Pulmonary Medicine Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Pulmonary Medicine Approval 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST  
Pulmonary Medicine Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Pulmonary Medicine Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Pulmonary Medicine Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Pulmonary Medicine Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST  
Pulmonary Medicine Approval 71250 CT CHEST, THORAX

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Pulmonary Medicine	Approval	71250 CT CHEST, THORAX
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX
Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Pulmonary Medicine	Approval	71550 MRI CHEST
Pulmonary Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Pulmonary Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Pulmonary Medicine	Approval	74181 MRI ABDOMEN
Pulmonary Medicine	Approval	75557 Cardiac MRI Morph & structure w/o contrast
Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
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Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
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Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
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Pulmonary Medicine	Approval	78813 PET IMAGING WHOLE BODY
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Pulmonary Medicine	Approval	78813 PET IMAGING WHOLE BODY
Pulmonary Medicine	Approval	78813 PET IMAGING WHOLE BODY
Pulmonary Medicine	Approval	78813 PET IMAGING WHOLE BODY
Pulmonary Medicine Pulmonary Medicine	Approval Approval	78813 PET IMAGING WHOLE BODY 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY



Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Pulmonary Medicine	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening

Pulmonary Medicine	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
Pulmonary Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Pulmonary Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX

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Pulmonary Medicine Disapproval 71250 CT CHEST, THORAX

Pulmonary Medicine Disapproval 71250 CT CHEST, THORAX

Pulmonary Medicine	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Pulmonary Medicine	Disapproval	78813 PET IMAGING WHOLE BODY
Pulmonary Medicine	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Pulmonary Medicine	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Pulmonary Medicine	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
Radiation Oncology	Approval	70450 CT BRAIN, HEAD

Radiation Oncology

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Radiation Oncology

Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Radiation Oncology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Radiation Oncology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Radiation Oncology

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Radiation Oncology

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Radiation Oncology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST



Radiation Oncology

Approval

71250 CT CHEST, THORAX

Radiation Oncology

Approval

71250 CT CHEST, THORAX

Radiation Oncology

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Radiation Oncology

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Radiation Oncology

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Radiation Oncology

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Radiation Oncology

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST



Radiation Oncology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Radiation Oncology	Approval	72192 CT PELVIS WITHOUT CONTRAST
Radiation Oncology	Approval	72196 MRI PELVIS
Radiation Oncology	Approval	72196 MRI PELVIS
Radiation Oncology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Radiation Oncology	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Radiation Oncology	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Radiation Oncology	Approval	73700 CT LEG OR LOWER EXTREMITY



Radiation Oncology

Approval

74181 MRI ABDOMEN

Radiation Oncology

Approval

74181 MRI ABDOMEN

Radiation Oncology  
Radiation Oncology

Approval  
Approval

77058 MRI breast,without and/or with contrast material(s);unilateral  
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Radiation Oncology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Radiation Oncology

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78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

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Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Radiation Oncology	Disapproval	71250 CT CHEST, THORAX
Radiation Oncology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiation Oncology

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

Radiation Oncology

Disapproval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Radiation Oncology

Disapproval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Radiology

Approval

70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Radiology

Approval

70544 Mr angiography head w/o dye

Radiology

Approval

70544 Mr angiography head w/o dye

Radiology

Approval

70544 Mr angiography head w/o dye

Radiology

Approval

70544 Mr angiography head w/o dye

Radiology

Approval

70547 Mr angiography neck w/o dye

Radiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Radiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Radiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Radiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Radiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Radiology	Approval	71250 CT CHEST, THORAX
Radiology	Approval	71250 CT CHEST, THORAX
Radiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Radiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Radiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Radiology	Approval	72196 MRI PELVIS

Radiology	Approval	72196 MRI PELVIS
Radiology	Approval	73700 CT LEG OR LOWER EXTREMITY
Radiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Radiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Radiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Radiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
Radiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Radiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Radiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Radiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST



Radiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Radiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Radiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Radiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Radiology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Radiology	Approval	78813 PET IMAGING WHOLE BODY
Radiology	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening

Radiology Approval S8032 Low-dose Computed Tomography For Lung Cancer Screening

Radiology Disapproval 70544 Mr angiography head w/o dye

Radiology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Radiology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Radiology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Radiology Disapproval 72192 CT PELVIS WITHOUT CONTRAST

Radiology Disapproval 72196 MRI PELVIS

Radiology Disapproval 74181 MRI ABDOMEN

Radiology Disapproval S8032 Low-dose Computed Tomography For Lung Cancer Screening

Rehabilitations	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Rehabilitations	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rehabilitations	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rehabilitations	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rehabilitations	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rehabilitations	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rehabilitations	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Rehabilitations	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Rehabilitations	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rehabilitations	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rehabilitations	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Reproductive Endocrinology	Approval	72196 MRI PELVIS

Reproductive Endocrinology	Approval	74181 MRI ABDOMEN
Reproductive Endocrinology	Disapproval	72196 MRI PELVIS
Reproductive Endocrinology	Disapproval	74181 MRI ABDOMEN
Rheumatology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Rheumatology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Rheumatology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Rheumatology	Approval	70544 Mr angiography head w/o dye
Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Rheumatology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Rheumatology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Rheumatology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Rheumatology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Rheumatology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Rheumatology Approval 71250 CT CHEST, THORAX

Rheumatology Approval 71250 CT CHEST, THORAX

Rheumatology Approval 71250 CT CHEST, THORAX

Rheumatology Approval 71250 CT CHEST, THORAX

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Rheumatology Approval 71250 CT CHEST, THORAX

Rheumatology Approval 71250 CT CHEST, THORAX

Rheumatology Approval 71250 CT CHEST, THORAX

Rheumatology Approval 72131 CT LUMBAR SPINE, LOW BACK



Rheumatology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Rheumatology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Rheumatology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Rheumatology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST  
Rheumatology Approval 72196 MRI PELVIS

Rheumatology Approval 72196 MRI PELVIS

Rheumatology Approval 72196 MRI PELVIS

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Rheumatology Approval 72196 MRI PELVIS

Rheumatology Approval 72196 MRI PELVIS

Rheumatology Approval 72196 MRI PELVIS

Rheumatology Approval 72196 MRI PELVIS

Rheumatology Approval 73200 CT ARM OR UPPER EXTREMITY

Rheumatology Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT



Rheumatology

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology

Approval

73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology

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73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology

Approval

73221 MRI JOINT OF UPPER EXTREMITY



Rheumatology Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Rheumatology Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Rheumatology Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Rheumatology Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Rheumatology Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Rheumatology Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT



Rheumatology Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Rheumatology Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Rheumatology Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Rheumatology Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Rheumatology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Rheumatology Approval 74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST

Rheumatology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Rheumatology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Rheumatology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Rheumatology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Rheumatology

Disapproval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Rheumatology

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Rheumatology

Disapproval

71250 CT CHEST, THORAX

Rheumatology

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Rheumatology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rheumatology Disapproval 72196 MRI PELVIS

Rheumatology Disapproval 72196 MRI PELVIS

Rheumatology Disapproval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
Rheumatology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Rheumatology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Rheumatology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Sports Medicine	Approval	71250 CT CHEST, THORAX
Sports Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Sports Medicine Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Sports Medicine Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Sports Medicine Approval 73221 MRI JOINT OF UPPER EXTREMITY

Sports Medicine Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Sports Medicine Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Sports Medicine Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Sports Medicine Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Sports Medicine Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Sports Medicine Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Sports Medicine Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST  
Surgery Approval 70450 CT BRAIN, HEAD

Surgery Approval 70450 CT BRAIN, HEAD

Surgery	Approval	70450 CT BRAIN, HEAD
Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Surgery	Approval	71250 CT CHEST, THORAX

Surgery	Approval	71250 CT CHEST, THORAX
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Surgery	Approval	71250 CT CHEST, THORAX
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Surgery	Approval	71250 CT CHEST, THORAX
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Surgery	Approval	71250 CT CHEST, THORAX
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Surgery Approval 71250 CT CHEST, THORAX

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Surgery	Approval	71250 CT CHEST, THORAX
Surgery	Approval	71250 CT CHEST, THORAX
Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Surgery	Approval	71550 MRI CHEST
Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Surgery Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Surgery Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST  
Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Surgery Approval 72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST  
Surgery Approval 72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST

Surgery Approval 72192 CT PELVIS WITHOUT CONTRAST

Surgery Approval 72192 CT PELVIS WITHOUT CONTRAST

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Surgery Approval 72192 CT PELVIS WITHOUT CONTRAST

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Surgery Approval 72192 CT PELVIS WITHOUT CONTRAST

Surgery Approval 72192 CT PELVIS WITHOUT CONTRAST

Surgery Approval 72196 MRI PELVIS

Surgery Approval 72196 MRI PELVIS

Surgery Approval 72196 MRI PELVIS

Surgery Approval 73200 CT ARM OR UPPER EXTREMITY

Surgery Approval 73200 CT ARM OR UPPER EXTREMITY

Surgery Approval 73206 CT ANGIOGRAPHY UPPER EXTREMITY

Surgery Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Surgery Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Surgery Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Surgery Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Surgery Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Surgery Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY



Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY

Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY

Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY

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Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY

Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY  
Surgery Approval 73700 CT LEG OR LOWER EXTREMITY

Surgery Approval 73700 CT LEG OR LOWER EXTREMITY

Surgery Approval 73700 CT LEG OR LOWER EXTREMITY  
Surgery Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Surgery Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Surgery Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Surgery Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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Surgery Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Surgery Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Surgery Approval 73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST

Surgery Approval 73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST

Surgery Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Surgery Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Surgery Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Surgery Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Surgery Approval 74150 CT ABDOMEN WITHOUT CONTRAST



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Surgery Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Surgery	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
Surgery	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST  
Surgery Approval 74181 MRI ABDOMEN

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Surgery	Approval	74181 MRI ABDOMEN
Surgery	Approval	74181 MRI ABDOMEN
Surgery	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST
Surgery	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST
Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral

Surgery Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Surgery Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Surgery Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Surgery Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Surgery Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Surgery Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Surgery	Approval	78071 Parathyroid SPECT Imaging
Surgery	Approval	78813 PET IMAGING WHOLE BODY
Surgery	Approval	78813 PET IMAGING WHOLE BODY
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
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Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Surgery	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Surgery	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Surgery	Approval	S8037 mrcp
Surgery	Approval	S8037 mrcp
Surgery	Approval	S8037 mrcp
Surgery	Approval	S8037 mrcp
Surgery	Approval	S8037 mrcp
Surgery	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Surgery	Disapproval	71250 CT CHEST, THORAX
Surgery	Disapproval	71250 CT CHEST, THORAX

Surgery	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Surgery Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Surgery Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT  
Surgery Disapproval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Surgery Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Disapproval 74176 CT ABD & PELVIS W/O CONTRAST



Surgery Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

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Surgery Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Surgery	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Surgery	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral
Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Surgery	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Surgery	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Surgical Oncology	Approval	71250 CT CHEST, THORAX
Surgical Oncology	Approval	71250 CT CHEST, THORAX
Surgical Oncology	Approval	71250 CT CHEST, THORAX

Surgical Oncology	Approval	71250 CT CHEST, THORAX
Surgical Oncology	Approval	71250 CT CHEST, THORAX
Surgical Oncology	Approval	71250 CT CHEST, THORAX
Surgical Oncology	Approval	71250 CT CHEST, THORAX
Surgical Oncology	Approval	72196 MRI PELVIS
Surgical Oncology	Approval	73700 CT LEG OR LOWER EXTREMITY

Surgical Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Surgical Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Surgical Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Surgical Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Surgical Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Surgical Oncology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Surgical Oncology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Surgical Oncology

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Surgical Oncology

Approval

77058 MRI breast,without and/or with contrast material(s);unilateral

Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Surgical Oncology	Approval	78813 PET IMAGING WHOLE BODY
Surgical Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Surgical Oncology	Disapproval	71250 CT CHEST, THORAX
Thoracic Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Thoracic Surgery Approval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Thoracic Surgery Approval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST  
Thoracic Surgery Approval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST  
Thoracic Surgery Approval 71250 CT CHEST, THORAX

Thoracic Surgery Approval 71250 CT CHEST, THORAX

Thoracic Surgery Approval 71250 CT CHEST, THORAX

Thoracic Surgery Approval 71250 CT CHEST, THORAX

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Thoracic Surgery Approval 71250 CT CHEST, THORAX



Thoracic Surgery

Approval

71250 CT CHEST, THORAX

Thoracic Surgery

Approval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Thoracic Surgery

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Thoracic Surgery

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Thoracic Surgery

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Thoracic Surgery  
Thoracic Surgery

Approval  
Approval

74176 CT ABD & PELVIS W/O CONTRAST  
75572 CT Heart

Thoracic Surgery  
Thoracic Surgery

Approval  
Approval

75574 CT Angiography Heart coronary arteries, CCTA  
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Thoracic Surgery

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Thoracic Surgery

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Thoracic Surgery	Disapproval	73700 CT LEG OR LOWER EXTREMITY
Thoracic Surgery	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Thoracic Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Thoracic Surgery	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Unknown	Approval	70450 CT BRAIN, HEAD
Unknown	Approval	70450 CT BRAIN, HEAD
Unknown	Approval	70450 CT BRAIN, HEAD
Unknown	Approval	70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown Approval 70450 CT BRAIN, HEAD

Unknown	Approval	70450 CT BRAIN, HEAD
Unknown	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Unknown	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Unknown Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Unknown Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Unknown Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Unknown Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Unknown Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Unknown Approval 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Unknown	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Unknown	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Unknown	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Unknown	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Unknown	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Unknown	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Unknown	Approval	70544 Mr angiography head w/o dye
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST



Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST



Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Unknown Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST



Unknown Approval 71250 CT CHEST, THORAX

Unknown Approval 71250 CT CHEST, THORAX

Unknown Approval 71250 CT CHEST, THORAX

Unknown Approval 71250 CT CHEST, THORAX

Unknown Approval 71250 CT CHEST, THORAX

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Unknown Approval 71250 CT CHEST, THORAX

Unknown Approval 71250 CT CHEST, THORAX

Unknown Approval 71250 CT CHEST, THORAX

Unknown Approval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Unknown Approval 71550 MRI CHEST

Unknown Approval 71550 MRI CHEST

Unknown Approval 71550 MRI CHEST

Unknown Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Unknown Approval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST



Unknown	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Unknown Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST  
Unknown Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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Unknown Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST  
Unknown Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Unknown Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Unknown Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Unknown Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Unknown Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Unknown Approval 72196 MRI PELVIS

Unknown Approval 72196 MRI PELVIS

Unknown Approval 72196 MRI PELVIS

Unknown Approval 72196 MRI PELVIS

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Unknown Approval 72196 MRI PELVIS

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Unknown Approval 72196 MRI PELVIS

Unknown	Approval	72196 MRI PELVIS
Unknown	Approval	72196 MRI PELVIS
Unknown	Approval	72196 MRI PELVIS
Unknown	Approval	73200 CT ARM OR UPPER EXTREMITY
Unknown	Approval	73200 CT ARM OR UPPER EXTREMITY
Unknown	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Unknown	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Unknown Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Unknown Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Unknown Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Unknown Approval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Approval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Approval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Approval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Approval 73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

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73221 MRI JOINT OF UPPER EXTREMITY

Unknown Approval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Approval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Approval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Approval 73700 CT LEG OR LOWER EXTREMITY

Unknown Approval 73700 CT LEG OR LOWER EXTREMITY

Unknown Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT



Unknown Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT





Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Unknown Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Unknown Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Unknown Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Unknown Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Unknown Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Unknown Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Unknown Approval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Unknown Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Unknown Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Unknown Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Unknown Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Unknown Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Unknown Approval 74176 CT ABD & PELVIS W/O CONTRAST



Unknown Approval 74176 CT ABD & PELVIS W/O CONTRAST

Unknown Approval 74176 CT ABD & PELVIS W/O CONTRAST

Unknown Approval 74176 CT ABD & PELVIS W/O CONTRAST

Unknown Approval 74176 CT ABD & PELVIS W/O CONTRAST

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Unknown Approval 74176 CT ABD & PELVIS W/O CONTRAST

Unknown Approval 74176 CT ABD & PELVIS W/O CONTRAST

Unknown Approval 74181 MRI ABDOMEN

Unknown Approval 74181 MRI ABDOMEN

Unknown Approval 74181 MRI ABDOMEN

Unknown Approval 74181 MRI ABDOMEN

Unknown Approval 74181 MRI ABDOMEN

Unknown Approval 74181 MRI ABDOMEN

Unknown Approval 74181 MRI ABDOMEN

Unknown Approval 74181 MRI ABDOMEN

Unknown Approval 74181 MRI ABDOMEN

Unknown Approval 75574 CT Angiography Heart coronary arteries, CCTA

Unknown Approval 75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Unknown Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Unknown Approval 77058 MRI breast,without and/or with contrast material(s);unilateral

Unknown	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Unknown	Approval	77084 Magnetic resonance imaging, bone marrow blood supply
Unknown	Approval	77084 Magnetic resonance imaging, bone marrow blood supply
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study



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

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

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

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

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

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

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

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

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

Unknown Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING

Unknown Approval 78813 PET IMAGING WHOLE BODY

Unknown Approval 78813 PET IMAGING WHOLE BODY

Unknown Approval 78813 PET IMAGING WHOLE BODY

Unknown	Approval	78813 PET IMAGING WHOLE BODY
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Unknown	Approval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS
Unknown	Approval	S8037 mrcp
Unknown	Disapproval	70450 CT BRAIN, HEAD
Unknown	Disapproval	70450 CT BRAIN, HEAD
Unknown	Disapproval	70450 CT BRAIN, HEAD

Unknown	Disapproval	70450 CT BRAIN, HEAD
Unknown	Disapproval	70450 CT BRAIN, HEAD
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Unknown	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE
Unknown	Disapproval	70544 Mr angiography head w/o dye
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Unknown	Disapproval	71250 CT CHEST, THORAX

Unknown

Disapproval

71250 CT CHEST, THORAX

Unknown

Disapproval

71250 CT CHEST, THORAX

Unknown

Disapproval

71250 CT CHEST, THORAX

Unknown

Disapproval

71250 CT CHEST, THORAX

Unknown

Disapproval

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Unknown

Disapproval

72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Unknown	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Unknown	Disapproval	72131 CT LUMBAR SPINE, LOW BACK
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST



Unknown Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Unknown Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Unknown Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Disapproval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Unknown Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Unknown Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Unknown Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Unknown Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Unknown	Disapproval	72196 MRI PELVIS
Unknown	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY

Unknown Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Unknown Disapproval 73221 MRI JOINT OF UPPER EXTREMITY



Unknown Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Disapproval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Unknown Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

Unknown Disapproval 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT  
Unknown Disapproval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Unknown Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Unknown Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Unknown Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Unknown  
Unknown

Disapproval  
Disapproval

75557 Cardiac MRI Morph & structure w/o contrast  
75572 CT Heart

Unknown

Disapproval

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

Unknown

Disapproval

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

Unknown

Disapproval

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

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

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

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

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

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Unknown	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Unknown	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Unknown	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Unknown	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
Urology	Approval	70450 CT BRAIN, HEAD
Urology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Urology	Approval	71250 CT CHEST, THORAX

Urology Approval 71250 CT CHEST, THORAX

Urology Approval 71250 CT CHEST, THORAX

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Urology	Approval	71250 CT CHEST, THORAX
Urology	Approval	71250 CT CHEST, THORAX
Urology	Approval	71250 CT CHEST, THORAX
Urology	Approval	71250 CT CHEST, THORAX
Urology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Urology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Urology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST



Urology Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Urology Approval 72192 CT PELVIS WITHOUT CONTRAST

Urology Approval 72192 CT PELVIS WITHOUT CONTRAST

Urology Approval 72192 CT PELVIS WITHOUT CONTRAST

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Urology Approval 72192 CT PELVIS WITHOUT CONTRAST  
Urology Approval 72196 MRI PELVIS

Urology Approval 72196 MRI PELVIS

Urology	Approval	72196 MRI PELVIS
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Urology	Approval	72196 MRI PELVIS
Urology	Approval	72196 MRI PELVIS
Urology	Approval	72196 MRI PELVIS
Urology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Urology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST

Urology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Urology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Urology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Urology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Urology Approval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Urology Approval 74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST

Urology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Urology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Urology Approval 74176 CT ABD & PELVIS W/O CONTRAST

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74176 CT ABD & PELVIS W/O CONTRAST





Urology Approval 74176 CT ABD & PELVIS W/O CONTRAST

Urology Approval 74181 MRI ABDOMEN

Urology Approval 74181 MRI ABDOMEN

Urology Approval 74181 MRI ABDOMEN

Urology Approval 74181 MRI ABDOMEN

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74181 MRI ABDOMEN

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74181 MRI ABDOMEN

Urology

Approval

78813 PET IMAGING WHOLE BODY

Urology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Urology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Urology

Disapproval

71250 CT CHEST, THORAX

Urology

Disapproval

71250 CT CHEST, THORAX

Urology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Urology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Urology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Urology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Urology	Disapproval	72196 MRI PELVIS
Urology	Disapproval	72196 MRI PELVIS
Urology	Disapproval	72196 MRI PELVIS
Urology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST
Urology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST

Urology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Urology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

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Urology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Urology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Urology Disapproval 74181 MRI ABDOMEN

Urology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Vascular Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	71250 CT CHEST, THORAX
Vascular Surgery	Approval	71250 CT CHEST, THORAX
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST



Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Vascular Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Vascular Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Vascular Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Vascular Surgery	Disapproval	71250 CT CHEST, THORAX
Vascular Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study

## reason\_for\_denial

## indication\_offered

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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."; The study is requested for recent head trauma or injury.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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."; The study is requested for headache.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 06/26/2016; There has not been any treatment or conservative therapy.; headaches , face pain

HA's w/ no relief; This study is being ordered for a neurological disorder.; 06/02/2016; There has been treatment or conservative therapy.; left eye vision changes//; meds// increased frequencies of headaches and medications are not relieving.; 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.

none; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.

patient fell and checking for broken bones; This study is being ordered for trauma or injury.; patient fell at home by tripping over boards; There has not been any treatment or conservative therapy.; The onset of the headache has been sudden and has been occurring in an intermittent pattern for 3 days. The course has been constant. The symptoms have been associated with eye pain (BLACK EYE, FACE ON RT SIDE FROM FALL THUR).

Patient had sudden onset left side facial weakness; 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.

patient is having severe dizziness 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 dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

pt cannot feel anything on l side of body and feels heavy; nauseated; fallen once; no hx stroke; 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

pt has had a new onset of seizures; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.

This is a request for a brain/head CT.; The study is requested for Hydrocephalus or congenital abnormality.

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."; The study is requested for headache.

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.

This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 06/26/2016; There has not been any treatment or conservative therapy.; headaches , face pain

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

HA's w/ no relief; This study is being ordered for a neurological disorder.; 06/02/2016; There has been treatment or conservative therapy.; left eye vision changes//; meds// patient fell and checking for broken bones; This study is being ordered for trauma or injury.; patient fell at home by tripping over boards; There has not been any treatment or conservative therapy.; The onset of the headache has been sudden and has been occurring in an intermittent pattern for 3 days. The course has been constant. The symptoms have been associated with eye pain (BLACK EYE, FACE ON RT SIDE FROM FALL THUR).

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)

This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.

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.

"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

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.

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).

None; This study is being ordered for a neurological disorder.; 07/2015; There has been treatment or conservative therapy.; Abn involuntary movements; Rx medication

Oligomenorrhea and elevated prolactin level.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

patient is having Difficulty Speaking (has had it in the past. 2 days ago felt like his tongue was thick but was able to "shake it off" and was able to talk), Focal Neurological Symptoms (left side of face is numb. facial drooping on left) 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; 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.

patient is having worsening headaches with photophobia, visual disturbance, nausea, dizziness, light-headedness; 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.

Pt is having frequent severe headaches, fatigue,; 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.

R/O STROKE; This study is being ordered for a neurological disorder.; 2 DAYS AGO; There has been treatment or conservative therapy.; Pt has neck and head pain, left side of face is numb, numbness in shoulder.; MEDICINE FOR PAIN

she all of a sudden had headache, blurred vision. weakness in upper extremities with numbness and tingling in her arms. lasted for the weekend. Lab work was done but not back yet.; 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.

This 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.

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.

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.

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).

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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.



This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

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.

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.

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.

"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.

"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.

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.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

abd/pel ct done 06/15/2016 picked up and impression of small RLL nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

Pt is having chest pain and back pain and has a pulmonary nodule that md wants to check out for further evaluation.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Swelling and knots on her 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.

tenderness on Left Upper Abdomen Large skin hematoma noted and tenderness anterior chest wall; This study is being ordered for trauma or injury.; 6/6/16 was in a altercation and got ran over by a atv having increase pain in left chest area and left upper abdomen; There has been treatment or conservative therapy.; chest wall pain, dyspnea , upper abdominal; pain medications, muscle relaxers and rest

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient had a abnormal chest x-ray and was needing further evaluation.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

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.

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.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

Severed headaches, blurred vision, and neck stiffness.; 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 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.

L side numbness and tingling and pain. Weakness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/29/2008; There has been treatment or conservative therapy.; Pt experiencing parathesia, pain, numbness and tingling. Weakness and flank pain as well, no incontinence for stool or urine.; Stimulator and RX

L side numbness and tingling and pain. Weakness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/29/2008; There has been treatment or conservative therapy.; Pt experiencing parathesia, pain, numbness and tingling. Weakness and flank pain as well, no incontinence for stool or urine.; Stimulator and RX

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; april 18,2016; There has been treatment or conservative therapy.; numbness and tingling down left arm, small non displaced Fx patella; anti-inflammatories

33 year old female patient w/ neck pain ; cervical radiculopathy. x-ray was 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.; 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.

Her plain films had no definite answer on her pain. MRI is recommended. She has been seen several times for this issue with no relief from medications.; 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 had right upper limb weakness. Unable to use normally; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

None; This study is being ordered for a neurological disorder.; 07/2015; There has been treatment or conservative therapy.; Abn involuntary movements; Rx medication

Previous mri show bulging disc in back and neck.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over 1 year; There has been treatment or conservative therapy.; Pt experiencing lower back pain radiating down R leg and neck pain radiating down l arm.; RX

Pt can not do Physical therapy in too much pain, numbness in fingers and hands; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.

R/O STROKE; This study is being ordered for a neurological disorder.; 2 DAYS AGO; There has been treatment or conservative therapy.; Pt has neck and head pain, left side of face is numb, numbness in shoulder.; MEDICINE FOR PAIN

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

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.

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.

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.

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.

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.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This is a request for cervical spine MRI; None of the above; NA; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

Abnormal Xray of spine; This study is being ordered for trauma or injury.; Pt was seen in our clinic on 5/6/16 with pain in thoracic, lumbar, and hip.; There has been treatment or conservative therapy.; radiating pain; steroid, pain medication, muscle relaxer, NSAID, etc.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Abnormal Xray of spine; This study is being ordered for trauma or injury.; Pt was seen in our clinic on 5/6/16 with pain in thoracic, lumbar, and hip.; There has been treatment or conservative therapy.; radiating pain; steroid, pain medication, muscle relaxer, NSAID, etc.

CT SCAN OCT 2015 + L1 fracture.; Pt. having chronic bilat radicular low back pain which is worsening. Pain radiates down bilat legs, worse on left side, accompanied by numbness and tingling bilat; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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?

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?

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)



Unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint

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.

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

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.

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.

; 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.

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."; &lt; Enter answer here - or Type In Unknown If No Info Given.

&gt;

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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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.

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.

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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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; It is not known if patient has completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; april 18,2016; There has been treatment or conservative therapy.; numbness and tingling down left arm, small non displaced Fx patella; anti-inflammatories

; 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.

None; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.

positive drawer test, positive pivot test; 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.

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.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

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.

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.

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.

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

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

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

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

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.

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

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Immobilization

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

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.

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.

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.

X-ray: AP, lateral and sunrise view of the right and left knee were ordered and obtained today in the office and reviewed by myself. They demonstrate bone-on-bone arthritis of the patellofemoral compartment on the right and near bone-on-bone arthritis on the left. This study is being ordered for trauma or injury.; 06/12/2016; There has not been any treatment or conservative therapy.; Significant pain in both knee. Unable to walk on them due to pain, using a wheelchair. Pain when trying to straighten his knees out. Patient in

hip pain increasing; This is a request 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.  
This is a request 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.

This is a request 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 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

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 recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.

unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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. ; This is a 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.

tenderness on Left Upper Abdomen Large skin hematoma noted and tenderness anterior chest wall; This study is being ordered for trauma or injury.; 6/6/16 was in a altercation and got ran over by a atv having increase pain in left chest area and left upper abdomen; There has been treatment or conservative therapy.; chest wall pain, dyspnea , upper abdominal; pain medications, muscle relaxers and rest

The patients has renal stones and cysts. Is complaining of abd pain, bloating, and nausea. &#x0D; &#x0D; 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 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.

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.

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.; tenderness and light palpitations



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 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.

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

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.

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

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

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; mdo wants to check kidneys

This is 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 states he is having abdominal pain and it hurts to sit down and sometimes radiates down right leg. He states passing gas helps pain.

This is 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

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

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

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

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Tender right upper quadrant and pain. Pt has huge family history of gal bladder cancer.

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

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

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."; A possible hemangioma was visualized on a thoracic spine MRI, the radiologist wanted an abdominal ultrasound and it came back that the patient has a mass on the liver that is suspected cancer and wanted to do a mri of abdomen

Yes, this is a request for CT Angiography of the abdominal arteries.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

This 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).

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.

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).

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.

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.

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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Dizziness and vertigo with tingling.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

migraine 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.

Radiology Services Denied Not Medically Necessary

patient has had migraines for some time now, medication does not work, blood work came back normal, ongoing since the 26th of may; 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

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

; This study is 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.; patient has a elevated prolactin level. patient is not have period in the last eight months and prior to that patient had regular periodsand the prolactive level is 4.8 up to 23.3 and patien was 251.7

Radiology Services Denied Not Medically Necessary

expressive asphasia; 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.

Radiology Services Denied Not Medically Necessary

Screening, patient is a smoker and has cough; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

Radiology Services Denied Not Medically Necessary

Pt suffers with numbness and tingling in hands and feet; history of cyst on 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 than once for these symptoms.

Radiology Services Denied Not Medically Necessary

&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.; ; It is not known if there has been any treatment or conservative therapy.; disbulging l2-l23, 14-l5,

Radiology Services Denied Not Medically Necessary

Patient has history of cervical spine surgery, now has pain in neck with numbness and tingling.; 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.

Radiology Services Denied Not Medically Necessary

The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; 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 clinic requested MRI to be ordered, chronic neck pain, cervical X-ray was negative. Neck pain

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; &lt;Enter Additional Clinical Information&gt;; 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.

Radiology Services Denied Not Medically Necessary

&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.; 2/4/2016; There has been treatment or conservative therapy.; low back pain, muscular chest pain.; Physical therapy ; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

NERVE PAIN AND PROTRUDING DISC; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/3/1970; There has been treatment or conservative therapy.; LOW AND MID BACK PAIN; PAIN MEDICATION

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Normal lumbar xray but with continued pain after starting physical therapy, dr wants to make sure there is no acute fracture.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; continued back pain after starting PT; There has been treatment or conservative therapy.; Continued back pain. Cant stand erect. Went to chiropractor and it hurt him.; Physical therapy

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/16/2016; There has not been any treatment or conservative therapy.; patient has scoliosis with DJD L5/S1 and compression T/11 with scoliosis and DJD. this is causing the patient pain and difficulty bending

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

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.; Lumbar and thoracic pain, neuropathy; Unknown

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above



Radiology Services Denied Not Medically Necessary

&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.; ; It is not known if there has been any treatment or conservative therapy.; disbulging l2-l23, 14-l5,

Radiology Services Denied Not Medically Necessary

&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.; 2/4/2016; There has been treatment or conservative therapy.; low back pain, muscular chest pain.; Physical therapy

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.

Radiology Services Denied Not Medically Necessary

Low Back Pain&#x0D; 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 NERVE PAIN AND PROTRUDING DISC; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/3/1970; There has been treatment or conservative therapy.; LOW AND MID BACK PAIN; PAIN MEDICATION

Radiology Services Denied Not Medically Necessary

Normal lumbar xray but with continued pain after starting physical therapy, dr wants to make sure there is no acute fracture.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; continued back pain after starting PT; There has been treatment or conservative therapy.; Continued back pain. Cant stand erect. Went to chiropractor and it hurt him.; Physical therapy

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

Patient has severe pain. Physical therapy for 4 weeks, numbness and tingling radiates down her 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 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.

Radiology Services Denied Not Medically Necessary

Patient slipped and fell on right hip 1 week ago.; 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.

Radiology Services Denied Not Medically Necessary

Previous mri show bulging disc in back and neck.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over 1 year; There has been treatment or conservative therapy.; Pt experiencing lower back pain radiating down R leg and neck pain radiating down l arm.; RX  
Pt suffers with severe low back pain; MRI 2009 displayed disk bulging and degenerative disease.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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?

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/16/2016; There has not been any treatment or conservative therapy.; patient has scoliosis with DJD L5/S1 and compression T/11 with scoliosis and DJD. this is causing the patient pain and difficulty bending

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

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.; Lumbar and thoracic pain, neuropathy; Unknown  
&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 4/7/16; There has been treatment or conservative therapy.; groin pain, pain w/walking, swelling and redness, redness down leg;; pain meds, ice, elevate

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for trauma or injury.; 04/26/2016; There has not been any treatment or conservative therapy.; shoulder pain

Radiology Services Denied Not Medically Necessary

Pt has chronic degenerative arthritis. Pain in left shoulder has worsened making it difficult for patient to use. Decreased ability to bear weight in left upper extremity due to pain. Did 5 days of steroids with no improvement. Provider is concerned about; 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 medication other than joint injections(s) or oral analgesics.

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.";

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."; neuropathy. Pt is having right shoulder pain that is worsening and interferes with sleep and work.

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 for several yrs. X-ray normal. LRM

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; patient is a pitcher and has been in pain for last month that he has not been able to pitch

Radiology Services Denied Not Medically Necessary

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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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.; Trauma on 04/09/2016 (fell), x-ray=unremarkable

Radiology Services Denied Not Medically Necessary

Swelling, pain, tenderness, cannot bear pressure, knelt down at work and felt pain, disturbs sleep. 2.5cm lump tender to palpitation.; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; Non-acute Chronic Pain; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 4/7/16; There has been treatment or conservative therapy.; groin pain, pain w/walking, swelling and redness, redness down leg,; pain meds, ice, elevate

Radiology Services Denied Not Medically Necessary

Enter answer here - Patient also suffers from constipation and has hematochezia; 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.

Radiology Services Denied Not Medically Necessary

LUQ pain, diarrhea, dark bloody stools, nausea, and vomiting; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

PROVIDER HAD ORDERED AND ABDOMINAL/PELVIC CT EARLIER BUT AFTER CONSULTATION WANTS TO CHANGE ORDER TO RENAL CT WITH AND 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.

Radiology Services Denied Not Medically Necessary

Pt has abd pain and rebound tenderness.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; elevated liver enzyme and rt upper quadrant pain

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 experiencing symptoms since September of 2015

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt having rlq pain and dysfunctional uretal bleeding. Hx of benign brain tumor

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

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

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

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)

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) "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.

multiple inhalers with no relief for the PT cough &#x0D; In order to see a pulmonologist a chest CT would need to be done for the referral. PT has been on a inhaler for about a year. &#x0D; Dual controllers &#x0D; bronco dilators &#x0D; single steroid use &#x0D; chest xray was n; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above. 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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary



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.; 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.

atypical facial pain /; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

MEDICAL HISTORY OF ARNOLD CHIARI AND SEIZURES; This 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 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).

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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There is no known condition of tumor, infection, or neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.

; 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.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.

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.

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.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

Chronic mid/back/low back pains several yrs due to gunshot wound, bullet fragment lodged in his back, need a CT to determine the location of the bullet fragment before considering any interventions, w/intermittent lower LT extremity radiates, leg weakness; This study is being ordered for trauma or injury.; AROUND 2006; There has been treatment or conservative therapy.; Chronic mid/back/low back pains several yrs due to gunshot wound, bullet fragment lodged in his back, need a CT to determine the location of the bullet fragment before considering any interventions, w/intermittent lower LT extremity radiates, leg weakness; bed rest, ice/heat, P.T., home exercise program, OTC, NSAIDs (Aleve), RX meds includes both opioids & non-opioids (Hydrocodone, Gabapentin, Tramadol).

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.

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.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

Chronic mid/back/low back pains several yrs due to gunshot wound, bullet fragment lodged in his back, need a CT to determine the location of the bullet fragment before considering any interventions, w/intermittent lower LT extremity radiates, leg weakness; This study is being ordered for trauma or injury.; AROUND 2006; There has been treatment or conservative therapy.; Chronic mid/back/low back pains several yrs due to gunshot wound, bullet fragment lodged in his back, need a CT to determine the location of the bullet fragment before considering any interventions, w/intermittent lower LT extremity radiates, leg weakness; bed rest, ice/heat, P.T., home exercise program, OTC, NSAIDs (Aleve), RX meds includes both opioids & non-opioids (Hydrocodone, Gabapentin, Tramadol).

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; pain&#x0D; neck and lower back pain; pain med&#x0D; injection&#x0D; physical therapy &#x0D; TEMS unit

&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.; 2005; There has been treatment or conservative therapy.; Base of head pain &#x0D; Arm pain&#x0D; Tingling &#x0D; Numbness&#x0D; Low-back pain radiating through hip&#x0D; Pain down both legs&#x0D; Cannot lean forward&#x0D; Weakness; Physical therapy 3-4 weeks

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2015; There has been treatment or conservative therapy.; mbr has pain in back, neck, and shoulder; MBR has had medication and unable to complete 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.; 1980; There has been treatment or conservative therapy.; PAIN IN NECK THAT GOES INTO ARMS AND HANDS AND BACK PAIN THAT GOES INTO HER LEGS.; IMAGING, MEDICATIONS, 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.; 2011; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK&#x0D; NUMBNESS IN HANDS&#x0D; LIMITED CERVICAL ROM WITH DIMINISHED SENSATION&#x0D; BACK PAIN RADIATING INTO HIPS&#x0D; POSITIVE PATRICKS; HAS BEEN EVALUATED BY A NEUROSURGEON, NOTHING SURGICAL, MEDICATIONS, TENS UNIT, LUMBAR EPIDURAL STEROID INJECTIONS, CHIROPRACTOR, 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.; 2012; There has been treatment or conservative therapy.; PAIN RADIATING TO BOTH LEGS DOWN TO FEET, PAIN IS CONSTANT, SHARP, SHOOTING PAIN, MOVEMENT MAKES THE PAIN WORSE IN HER NECK; MEDICATIONS, TRIGGER POINT INJECTIONS, STEROID INJECTIONS, 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.; NECK-2012; BACK 1994; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; BACK-RADIATES DOWN IN R LEG TO THE KNEE; NECK-RADIATES DOWN INTO BOTH HANDS; PAIN IS CONSTANT. NECK-SHARP, STABBING, ELECTRICITY IN HANDS. BACK-ACHY, SHOOTING.; MEDICATIONS, TENS UNIT, SURGERY

; This study is being ordered for trauma or injury.; 2-2016; There has been treatment or conservative therapy.; PAIN IN NECK RADIATING DOWN IN ARMS WITH NUMBNESS AND TINGLING IN BOTH ARMS AND HANDS. PAIN IS CONSTANT BURNING, SHARP. ASSOCIATED MUSCULAR PAIN IN THORACIC AREA; PHYSICAL THERAPY, TENS, MEDICATIONS

; This study is being ordered for trauma or injury.; HIT WITH A PIPE-1999; There has been treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; NO SPECIFIC DATE BUT AS A CHILD.; There has been treatment or conservative therapy.; NECK PAIN RADIATES INTO THE BASE OF THE SKULL AND DOWN R SHOULDER TO ELBOW. PAIN IS DULL, ACHING, SHOOTING PAIN IN R ARM; BACK PAIN RADIATES INTO R FOOT AND SOMETIMES L FOOT. PAIN IS SHARP, STABBING, DULL, ACHING WITH R FOOT BURNING OCCASIONALLY.; TENS UNIT AND MEDICATION

pain in 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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Palpation of lumbar facet joints at L2-3, L3-4, L4-5, and L5-S1 levels reproduced lower back pain. Hyperextension at lumbar spine reproduced lower back pain. Stooping 20 - 30 degree relief pain. Bilateral facets loading maneuver by lateral flexion/bending ; This study is being ordered for a neurological disorder.; 1-06-16 was onset of the current symptoms; There has been treatment or conservative therapy.; The patient is experiencing pain that is aching, burning, cramping, dull, numbness, pins and needle like, stabbing,throbbing and tingling. She is also having numbness in bilateral arms and legs.; Patient has completed 6 weeks of physical therapy, as well as medial branch blocks, medication therapy,home exercise program.

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.

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.

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.

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?

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?

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.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

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.



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.

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.

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.

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

Workup for pain management treatment; This study is being ordered for a neurological disorder.; January 2010; There has been treatment or conservative therapy.; lumbar - chronic pain, aching, stabbing sharp, intermediate, weakness, palpable trigger points; Cervical - chronic neck pain, headache, arm weakness, interferes with ADL's; Bed rest; ice and heat; massage, PT, home exercise, medications

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&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.; 2009; There has been treatment or conservative therapy.; Back pain, hip pain, tail bone pain and chest pain; Injections, back brace, PT and aquatic therapy

&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.; none; There has been treatment or conservative therapy.; back pain that's radiates to lower back with numbness to left legs and worsen with activity; X-Rays with medications  
; This study is being ordered for a neurological disorder.; ; 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.; 2014; There has been treatment or conservative therapy.; PAIN IN ENTIRE SPINE; MEDICATIONS, PT, INJECTIONS  
; This study is being ordered for trauma or injury.; 2-2016; There has been treatment or conservative therapy.; PAIN IN NECK RADIATING DOWN IN ARMS WITH NUMBNESS AND TINGLING IN BOTH ARMS AND HANDS. PAIN IS CONSTANT BURNING, SHARP. ASSOCIATED MUSCULAR PAIN IN THORACIC AREA; PHYSICAL THERAPY, TENS, MEDICATIONS

BACK PAIN ACTUALLY FOR 10 YEARS, PAIN RADIATING TO BOTH HIPS, ASSISTS WITH A CANE; This study is being ordered for a neurological disorder.; 01/01/2011; There has been treatment or conservative therapy.; CHRONIC LOW BACK PAIN AND MID BACK PAIN; BED REST, MASSAGE, ICE AND HEAT, PHYSICAL THERAPY, HOME EXERCISE PROGRAM, STERIOD INJECTIONS, MEDIAL BRANCH BLOCK INJECTIONS, NERVE NEUROTAMY INJECTIONS, NSAIDS, ANTI-INFLAMMATORY, MEDICATIONS

INFECTION OF THE LUMBAR SPINE REVEALS SCOLOSIS, ABNORMAL GAIT, UNABLE TO PERFORM A TOE WALK; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2000; There has been treatment or conservative therapy.; NECK AND LOWER AND MID BACK PAIN DESCRIBED AS SHARP AND SHOOTING PAIN, 6 OUT OF 10, NUMBNESS, TINGLING AND WEAKNESS; MRI'S, NERVE CONDUCTION STUDIES, NSAIDS, MEDICATION  
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.;

It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; injections, tenderness T-6 level, chronic lumbar pain, injections overall do not relieve pain, radiates to leg and buttocks,

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.; EnChronic back/low back pains since 2001, constant w/intermittent flare ups, tingling, numbing, weakness, aching, stabbing, sharp, deep, cramping, pressure, radiates to bilateral lower extremity (both hips), interferes w/ADLs; standing, walking, getting u; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.

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.

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.

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.

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?

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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; pain&#x0D; neck and lower back pain; pain med&#x0D; injection&#x0D; physical therapy &#x0D; TEMS unit

&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.; 2005; There has been treatment or conservative therapy.; Base of head pain &#x0D; Arm pain&#x0D; Tingling &#x0D; Numbness&#x0D; Low-back pain radiating through hip&#x0D; Pain down both legs&#x0D; Cannot lean forward&#x0D; Weakness; Physical therapy 3-4 weeks

&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.; 2009; There has been treatment or conservative therapy.; Back pain, hip pain, tail bone pain and chest pain; Injections, back brace, PT and aquatic therapy

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2015; There has been treatment or conservative therapy.; mbr has pain in back, neck, and shoulder; MBR has had medication and unable to complete PT

&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.; none; There has been treatment or conservative therapy.; back pain that's radiates to lower back with numbness to left legs and worsen with activity; X-Rays with medications

; 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.

; This study is being ordered for a neurological disorder.; ; 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.; 1980; There has been treatment or conservative therapy.; PAIN IN NECK THAT GOES INTO ARMS AND HANDS AND BACK PAIN THAT GOES INTO HER LEGS.; IMAGING, MEDICATIONS, 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.; 2011; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; NUMBNESS IN HANDS; LIMITED CERVICAL ROM WITH DIMINISHED SENSATION; BACK PAIN RADIATING INTO HIPS; POSITIVE PATRICKS; HAS BEEN EVALUATED BY A NEUROSURGEON, NOTHING SURGICAL, MEDICATIONS, TENS UNIT, LUMBAR EPIDURAL STEROID INJECTIONS, CHIROPRACTOR, 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.; 2014; It is not known if there has been any treatment or conservative therapy.; NECK-MODERATE PAIN WTH TURNING HER HEAD.; BACK-NUMBNESS/TINGLING IN BLE.PAIN WITH ACTIVITY

; This study is 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 ENTIRE SPINE; MEDICATIONS, PT, 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.; NECK-2012; BACK 1994; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; BACK-RADIATES DOWN IN R LEG TO THE KNEE; NECK-RADIATES DOWN INTO BOTH HANDS; PAIN IS CONSTANT. NECK-SHARP, STABBING, ELECTRICITY IN HANDS. BACK-ACHY, SHOOTING.; MEDICATIONS, TENS UNIT, SURGERY

; This study is being ordered for trauma or injury.; HIT WITH A PIPE-1999; There has been treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; NO SPECIFIC DATE BUT AS A CHILD.; There has been treatment or conservative therapy.; NECK PAIN RADIATES INTO THE BASE OF THE SKULL AND DOWN R SHOULDER TO ELBOW. PAIN IS DULL, ACHING, SHOOTING PAIN IN R ARM; BACK PAIN RADIATES INTO R FOOT AND SOMETIMES L FOOT. PAIN IS SHARP, STABBING, DULL, ACHING WITH R FOOT BURNING OCCASIONALLY.; TENS UNIT AND MEDICATION

BACK PAIN ACTUALLY FOR 10 YEARS, PAIN RADIATING TO BOTH HIPS, ASSISTS WITH A CANE; This study is being ordered for a neurological disorder.; 01/01/2011; There has been treatment or conservative therapy.; CHRONIC LOW BACK PAIN AND MID BACK PAIN; BED REST, MASSAGE, ICE AND HEAT, PHYSICAL THERAPY, HOME EXERCISE PROGRAM, STERIOD INJECTIONS, MEDIAL BRANCH BLOCK INJECTIONS, NERVE NEUROTAMY INJECTIONS, NSAIDS, ANTI-INFLAMMATORY, MEDICATIONS

INFECTION OF THE LUMBAR SPINE REVEALS SCOLOSIS, ABNORMAL GAIT, UNABLE TO PERFORM A TOE WALK; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2000; There has been treatment or conservative therapy.; NECK AND LOWER AND MID BACK PAIN DESCRIBED AS SHARP AND SHOOTING PAIN, 6 OUT OF 10, NUMBNESS, TINGLING AND WEAKNESS; MRI'S, NERVE CONDUCTION STUDIES, NSAIDS, MEDICATION  
Low back pain radiating BILAT low extremity. Also has ns aids and other RX. Chronic pain neck, mid and lower back. Described deep, burning and tingling.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

LUMBAR#x0D; Chronic back pain several yrs, constant w/intermittent flare ups, numbness, leg weakness, radiates down his legs, aching, throbbing, shooting, sharp, interferes w/ADLs; standing, walking, getting up from sitting or lying position, &; increased phys; This study is being ordered for a neurological disorder.; September 2015; There has been treatment or conservative therapy.; Chronic BACK pain several yrs, constant w/intermittent flare ups, numbness, leg weakness, radiates down his legs, aching, throbbing, shooting, sharp. Chronic NECK pain several yrs, constant w/intermittent flare ups, headache, numbness, weakness, radiates ; Fail &; Tried CONSERVATIVE TRMTs; bed rest, Ice/heat therapy, massage, epidural injections, TENS Unit, P.T., (when/where-Unknown), Chiropractor, hm exercise prgrm, OTC, NSAIDs (Aleve), current RX meds includes both opioids &; non-opioids, (Hydrocodone, Gabap

None; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above

pain for 6 months, elbow ct, radiating pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above



Palpation of lumbar facet joints at L2-3, L3-4, L4-5, and L5-S1 levels reproduced lower back pain. Hyperextension at lumbar spine reproduced lower back pain. Stooping 20 - 30 degree relief pain. Bilateral facets loading maneuver by lateral flexion/bending ; This study is being ordered for a neurological disorder.; 1-06-16 was onset of the current symptoms; There has been treatment or conservative therapy.; The patient is experiencing pain that is aching, burning, cramping, dull, numbness, pins and needle like, stabbing,throbbing and tingling. She is also having numbness in bilateral arms and legs.; Patient has completed 6 weeks of physical therapy, as well as medial branch blocks, medication therapy,home exercise program.

patient has constant radiating bilateral low back and sacroiliac pain. She feels her pain is worsening. She has had tried chiropractic care and feels physical therapy had made her pain worse. A new MRI is needed for possible spinal injection or neurosurge; The study 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.

Pt having low back pain; evaluation to see if she's a candidate for epidural injections. Pt was told some time ago that she has spinal stenosis.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.

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?

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?

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 an Epidural.

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

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

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

UNKNOWN; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; constant w/intermittent flare ups, leg numbness, throbbing, shooting, tingling, hot-burning, penetrating, deep, aching, tiredness aching, stabbing, sharp, deep, cramping, pressure, headache, radiates to bilateral upper extremities (especially shoulders & ou; bed rest, ice/heat, massage, P.T., home exercise program, OTC, NSAIDs, (Aleve, Tylenol 4, Ibuprofen), current RX pain meds (Gabapentin, Tizanidine, Hysingla, Flexeril, Tramadol, Stadol Inj). PAIN/UDS contract in place.

will fax in the clinicals; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Workup for pain management treatment; This study is being ordered for a neurological disorder.; January 2010; There has been treatment or conservative therapy.; lumbar - chronic pain, aching, stabbing sharp, intermediate, weakness, palpable trigger points&#x0D; Cervical - chronic neck pain, headache, arm weakness, interferes with ADL's; Bed rest; ice and heat; massage, PT, home exercise, medications

No relief with prior injection or physical therapy, MRIs requested to eval for possible surgical intervention.; This study is being ordered for trauma or injury.; 12/17/2015; There has been treatment or conservative therapy.; Bilateral Shoulder Pain; Physical Therapy

OA documented on x-ray.; This study is being ordered for trauma or injury.; 09/29/2014; There has been treatment or conservative therapy.; Bilateral Shoulder Pain; NSAIDs, Narcotics

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."; Pathology

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.

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.

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?

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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

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

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?

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?

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.

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.

pre op; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/2000; There has been treatment or conservative therapy.; Chronic Pain, , headache , r/o CSF leak; Physical Therapy , chiropractic , inseds , medications ,

pain in 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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms 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.; 2014; It is not known if there has been any treatment or conservative therapy.; NECK-MODERATE PAIN WTH TURNING HER HEAD.&#x0D; BACK-NUMBNESS/TINGLING IN BLE.PAIN WITH ACTIVITY

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is 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.; SHARP SHOOTING PAIN BETWEEN NECK AND BACK, MORE AT THE SURGICAL SITE AREA.; HE HAD SURGERY FOR SCOLIOSIS AND HAD RODS PLACED IN HIS BACK. SINCE THAT TIME HE HAD TRIED DIFFERENT MEDICATIONS AND OTC CREAMS. HE HAD SOME TYPE OF INJECTIONS AT SOME POINT.

Radiology Services Denied Not Medically Necessary

; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.

Radiology Services Denied Not Medically Necessary

; This study is 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.; SHARP SHOOTING PAIN BETWEEN NECK AND BACK, MORE AT THE SURGICAL SITE AREA.; HE HAD SURGERY FOR SCOLIOSIS AND HAD RODS PLACED IN HIS BACK. SINCE THAT TIME HE HAD TRIED DIFFERENT MEDICATIONS AND OTC CREAMS. HE HAD SOME TYPE OF INJECTIONS AT SOME POINT.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 2009; There has been treatment or conservative therapy.; PAIN IN MID AND LOW BACK; PHYSICAL THERAPY, INJECTIONS AND MEDICATIONS.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 2009; There has been treatment or conservative therapy.; PAIN IN MID AND LOW BACK; PHYSICAL THERAPY, INJECTIONS AND MEDICATIONS.

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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 not seen the doctor more then once for these symptoms.

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; disc herniation cervical spine. Gun shot wound to left lower extremity.; unknown

Radiology Services Denied Not Medically Necessary

&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.; 2/11/2013; There has been treatment or conservative therapy.; numbness and tingling in neck and t-spine; unknown

Radiology Services Denied Not Medically Necessary

&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.; 3/1/2011; There has been treatment or conservative therapy.; chronic pain in lower back, radiates to back of neck and shoulders, bilateral lower extremities. Recent pain scale is 5. aching, cramping, shooting pains. MDO has requested she got to PT.; chiropractic treatment, medications, ns aids, aleve, Tylenol, hydrocodone, heat, ice, tens unit

Radiology Services Denied Not Medically Necessary

&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.; 3/16/16; There has been treatment or conservative therapy.; lower back pain; procedure

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/3/2015; There has been treatment or conservative therapy.; numbness and tingling radiating to bilateral arms and lower extremities; medication and Injections

Radiology Services Denied Not Medically Necessary

&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.; 9-20-2014; There has been treatment or conservative therapy.; neck pain, parathesia, weakness&#x0D; lower back pain, numbness and tingling, burning; physical therapy, injections

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK THAT RADIATES INTO HIPS AND THIGHS. CONSTANT BURNING PAIN. NCV STUDIES SHOWED BILATERAL SCIATIC ENTRAPMENT NEUROPATHY. ALSO SEVERE SENSORY POLYNEUROPATHY OF LLE.&#x0D; NECK PAIN RADIATES TO SHOULDERS AND ARMS AND HANDS WITH DIFFICULTY ; MEDICATIONS, THERAPY, INJECTIONS

Radiology Services Denied Not Medically Necessary

; This study is being ordered 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.;



Radiology Services Denied Not Medically Necessary

; This study is 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.; BURNING SENSATION IN SPINE, PAIN RADIATING INTO LEGS, NUMBNESS AND TINGLING IN ARMS AND HANDS; GABAPENTIN, LYRICA, CYMBALTA, SAVELLA, HAS BEEN SEEN BY ANOTHER PAIN MANAGEMENT DOCTOR WHO DID INJECTIONS, PT, TENS UNIT, HYDROCODONE, OXYCONDONE

Radiology Services Denied Not Medically Necessary

; This study is 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; It is not known if there has been any treatment or conservative therapy.; PAIN IN BACK THAT RADIATES INTO LEGS, FREQUENT FALLING.

Radiology Services Denied Not Medically Necessary

; This study is 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 AND MEDICATION.

Radiology Services Denied Not Medically Necessary

; This study is 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; It is not known if there has been any treatment or conservative therapy.; NECK PAIN RADIATING INTO ARMS, BACK PAIN THAT IS SHARP AND BURNING RADIATING DOWN INTO LEGS AND FEET, DIFFICULTY GRIPPING OBJECTS.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; OCTOBER 2015; There has been treatment or conservative therapy.; SEVERE PAIN IN NECK AND THE BASE OF HIS HEAD, PAIN IS SHARP, SHOOTING AND CONSTANT IN NECK AGGRAVATED BY ACTIVITY. PAIN GOES INTO L ARM AND HAND.; BACK PAIN IS MODERATE AND IS A STABBING PAIN AGGRAVATED BY TWISTING.; MEDICATIONS, X-RAYS

Radiology Services Denied Not Medically Necessary

; This study is 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 2014; There has not been any treatment or conservative therapy.; BACK PAIN IS SHARP AND SHOOTING DOWN R LEG, CONSTAND AND AGGRAVATED WITH ANY ACTIVITY, UNRELIEVED BY ANYTHING.&#x0D; NECK PAIN IS CONSTANT AND SHARP PAIN AND AGGRAVATED BY ANY ACTIVITY AND RELIEVED BY NOTHING. ASSOCIATED SHOOTING PAIN DOWN R LEG WITH SOME NU

Radiology Services Denied Not Medically Necessary

He is a 54-year-old gentleman who presents to the clinic today with complaints of right hip and gluteal pain. He tells me this pain has increased over the last several years. He has a history of having a lumbar laminectomy in 1994 with Dr. Mason. Since; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/94; There has been treatment or conservative therapy.; He is a 54-year-old gentleman who presents to the clinic today with complaints of right hip and gluteal pain. He tells me this pain has increased over the last several years. He has a history of having a lumbar laminectomy in 1994 with Dr. Mason. Since; Patient has tried and failed medication regimen and home exercise program.

Radiology Services Denied Not Medically Necessary

LUMBAR&#x0D; Chronic back pain several yrs, constant w/intermittent flare ups, numbness, leg weakness, radiates down his legs, aching, throbbing, shooting, sharp, interferes w/ADLs; standing, walking, getting up from sitting or lying position, & increased phys; This study is being ordered for a neurological disorder.; September 2015; There has been treatment or conservative therapy.; Chronic BACK pain several yrs, constant w/intermittent flare ups, numbness, leg weakness, radiates down his legs, aching, throbbing, shooting, sharp. Chronic NECK pain several yrs, constant w/intermittent flare ups, headache, numbness, weakness, radiates ; Fail & Tried CONSERVATIVE TRMTs; bed rest, Ice/heat therapy, massage,epidural injections, TENS Unit, P.T., (when/where-Unknown), Chiropractor, hm exercise prgrm, OTC, NSAIDs (Aleve), current RX meds includes both opioids & non-opioids, (Hydrocodone, Gabap

Radiology Services Denied Not Medically Necessary

mva;; This study is being ordered for trauma or injury.; 08/01/2011; There has been treatment or conservative therapy.; neck pain radiating the to shoulders; back pain radiating to the legs; pt, med; injections; pins units

Radiology Services Denied Not Medically Necessary

Other associated symptoms/problems: restriction from activities,&#x0D; frustration because of pain, numbness and weakness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-14-15; There has been treatment or conservative therapy.; The pain is aching, deep, sharp, pressure, burning, numbing and pins and needles in lower back, neck, both shoulders, both hips, both knees, right upper extremities, left upper extremities, right lower extremities and left lower extremities.; Patient has completed physical therapy and is using a TENS unit, also medication regimen

Radiology Services Denied Not Medically Necessary

-Patient is having increased pain, current medications do not appear adequate. She is not functioning at her usual level due to sub-optimal pain relief from current regimen. Imaging is being requested to further evaluate the patients persistent pain&#x0D; and ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-10-2015; There has been treatment or conservative therapy.; tingling, burning sensation and numbness radiating to upper and lower extremities; Medication therapy, Neurologist, home exercise program and completion of physical therapy

Radiology Services Denied Not Medically Necessary

Patient will be scheduled for a bilateral CMBB series, leading to RFA given positive diagnostic results. Cervical and Lumbar MRI ordered today to see if any abnormalities are noted. Physical Therapy also ordered today to increase function; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05-03-16; There has been treatment or conservative therapy.; Pain and weakness with radiating pain to bilateral upper and lower extremities; Medication Therapy and Home exercise program. Patient has order to start physical therapy

Radiology Services Denied Not Medically Necessary

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 pain has progressively gotten worse, not being controlled with rest, activity modification and; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-12-2016; There has been treatment or conservative therapy.; The pain radiates to left shoulder, left lower extremity and right sided hip. it is pain that is hot-burning, pins and needle like and throbbing.; Medication therapy and home exercise program

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.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; none; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

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.

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.

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

Radiology Services Denied Not Medically Necessary

UNKNOWN; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; constant w/intermittent flare ups,leg numbness,throbbing, shooting, tingling, hot-burning, penetrating, deep, aching, tiredness aching, stabbing, sharp, deep, cramping, pressure, headache, radiates to bilateral upper extremities (especially shoulders & ou; bed rest, ice/heat, massage, P.T., home exercise program, OTC, NSAIDs, (Aleve, Tylenol 4, Ibuprofen), current RX pain meds (Gabapentin, Tizanidine, Hysingla, Flexeril, Tramadol, Stadol Inj).PAIN/UDS contract in place.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 08/01/2011; There has been treatment or conservative therapy.; chronic neck/back pain radiating into the legs and the shoulders; injections; meds; pt; pins unit;

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; 2/11/2013; There has been treatment or conservative therapy.; numbness and tingling in neck and t-spine; unknown

Radiology Services Denied Not Medically Necessary

&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.; 4/21/16; There has been treatment or conservative therapy.; pain radiating down both legs, tingling, burning and numbness; physical therapy for 4 weeks, oral meds

Radiology Services Denied Not Medically Necessary

&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.; 5/14/2015; There has been treatment or conservative therapy.; back pain; Medication, injection, PT

Radiology Services Denied Not Medically Necessary

It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evalution, or Neurological deficits."; unkown

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 recently had RFA of the lumbar which has helped his low back pain greatly. He is now experiencing pain and discomfort in the thoracic spine region. This MRI is important to see what is going on in this area.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; 3/1/2011; There has been treatment or conservative therapy.; chronic pain in lower back, radiates to back of neck and shoulders, bilateral lower extremities. Recent pain scale is 5. aching, cramping, shooting pains. MDO has requested she got to PT.; chiropractic treatment, medications, nsaid, aleve, Tylenol, hydrocodone, heat, ice, tens unit

Radiology Services Denied Not Medically Necessary

&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.; 3/16/16; There has been treatment or conservative therapy.; lower back pain; procedure

Radiology Services Denied Not Medically Necessary

&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.; 4/21/16; There has been treatment or conservative therapy.; pain radiating down both legs, tingling, burning and numbness; physical therapy for 4 weeks, oral meds

Radiology Services Denied Not Medically Necessary

&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.; 5/14/2015; There has been treatment or conservative therapy.; back pain; Medication, injection, PT

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/3/2015; There has been treatment or conservative therapy.; numbness and tingling radiating to bilateral arms and lower extremities; medication and Injections



Radiology Services Denied Not Medically Necessary

&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.; 9-20-2014; There has been treatment or conservative therapy.; neck pain, parathesia, weakness&#x0D; lower back pain, numbness and tingling, burning; physical therapy, injections

Radiology Services Denied Not Medically Necessary

&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.; Age 16; There has been treatment or conservative therapy.; Lower back pain, Left leg pain.; Patient is currently taking medication..

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK THAT RADIATES INTO HIPS AND THIGHS. CONSTANT BURNING PAIN. NCV STUDIES SHOWED BILATERAL SCIATIC ENTRAPMENT NEUROPATHY. ALSO SEVERE SENSORY POLYNEUROPATHY OF LLE.&#x0D; NECK PAIN RADIATES TO SHOULDERS AND ARMS AND HANDS WITH DIFFICULTY ; MEDICATIONS, THERAPY, INJECTIONS

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered 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.;

Radiology Services Denied Not Medically Necessary

; This study is 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.; BURNING SENSATION IN SPINE, PAIN RADIATING INTO LEGS, NUMBNESS AND TINGLING IN ARMS AND HANDS; GABAPENTIN, LYRICA, CYMBALTA, SAVELLA, HAS BEEN SEEN BY ANOTHER PAIN MANAGEMENT DOCTOR WHO DID INJECTIONS, PT, TENS UNIT, HYDROCODONE, OXYCONDONE

Radiology Services Denied Not Medically Necessary

; This study is 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; It is not known if there has been any treatment or conservative therapy.; PAIN IN BACK THAT RADIATES INTO LEGS, FREQUENT FALLING.

Radiology Services Denied Not Medically Necessary

; This study is 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 AND MEDICATION.

Radiology Services Denied Not Medically Necessary

; This study is 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 RADIATING TO BOTH LEGS DOWN TO FEET, PAIN IS CONSTANT, SHARP, SHOOTING PAIN, MOVEMENT MAKES THE PAIN WORSE IN HER NECK; MEDICATIONS, TRIGGER POINT INJECTIONS, STEROID INJECTIONS, PT

Radiology Services Denied Not Medically Necessary

; This study is 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; It is not known if there has been any treatment or conservative therapy.; NECK PAIN RADIATING INTO ARMS, BACK PAIN THAT IS SHARP AND BURNING RADIATING DOWN INTO LEGS AND FEET, DIFFICULTY GRIPPING OBJECTS.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; OCTOBER 2015; There has been treatment or conservative therapy.; SEVERE PAIN IN NECK AND THE BASE OF HIS HEAD, PAIN IS SHARP, SHOOTING AND CONSTANT IN NECK AGGRAVATED BY ACTIVITY. PAIN GOES INTO L ARM AND HAND.; BACK PAIN IS MODERATE AND IS A STABBING PAIN AGGRAVATED BY TWISTING.; MEDICATIONS, X-RAYS

Radiology Services Denied Not Medically Necessary

; This study is 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 2014; There has not been any treatment or conservative therapy.; BACK PAIN IS SHARP AND SHOOTING DOWN R LEG, CONSTAND AND AGGRAVATED WITH ANY ACTIVITY, UNRELIEVED BY ANYTHING.; NECK PAIN IS CONSTANT AND SHARP PAIN AND AGGRAVATED BY ANY ACTIVITY AND RELIEVED BY NOTHING. ASSOCIATED SHOOTING PAIN DOWN R LEG WITH SOME NU

Radiology Services Denied Not Medically Necessary

2012 MRI shows l2-3 moderate degenerative disc disease, pain bilateral legs, r/o disc protrusion, prednisone, pain meds, clonapin, 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

Radiology Services Denied Not Medically Necessary

He is a 54-year-old gentleman who presents to the clinic today with complaints of right hip and gluteal pain. He tells me this pain has increased over the last several years. He has a history of having a lumbar laminectomy in 1994 with Dr. Mason. Since; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/94; There has been treatment or conservative therapy.; He is a 54-year-old gentleman who presents to the clinic today with complaints of right hip and gluteal pain. He tells me this pain has increased over the last several years. He has a history of having a lumbar laminectomy in 1994 with Dr. Mason. Since; Patient has tried and failed medication regimen and home exercise program.

Radiology Services Denied Not Medically Necessary

low back pain and stiffness. Pain is located in the left low back pain radiates to left buttock left thigh. Pain is described as constant sharp, dull and aching. She is now having sharp pain radiating from her left groin down to her left foot; 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.

Radiology Services Denied Not Medically Necessary

mva;; This study is being ordered for trauma or injury.; 08/01/2011; There has been treatment or conservative therapy.; neck pain radiating the to shoulders; back pain radiating to the legs; pt, med; injections; pins units

Radiology Services Denied Not Medically Necessary

Other associated symptoms/problems: restriction from activities; frustration because of pain, numbness and weakness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-14-15; There has been treatment or conservative therapy.; The pain is aching, deep, sharp, pressure, burning, numbing and pins and needles in lower back, neck, both shoulders, both hips, both knees, right upper extremities, left upper extremities, right lower extremities and left lower extremities.; Patient has completed physical therapy and is using a TENS unit, also medication regimen

Radiology Services Denied Not Medically Necessary

-Patient is having increased pain, current medications do not appear adequate. She is not functioning at her usual level due to sub-optimal pain relief from current regimen. Imaging is being requested to further evaluate the patients persistent pain; and ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-10-2015; There has been treatment or conservative therapy.; tingling, burning sensation and numbness radiating to upper and lower extremities; Medication therapy, Neurologist, home exercise program and completion of physical therapy

Radiology Services Denied Not Medically Necessary

Patient will be scheduled for a bilateral CMBB series, leading to RFA given positive diagnostic results. Cervical and Lumbar MRI ordered today to see if any abnormalities are noted. Physical Therapy also ordered today to increase function; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05-03-16; There has been treatment or conservative therapy.; Pain and weakness with radiating pain to bilateral upper and lower extremities; Medication Therapy and Home exercise program. Patient has order to start physical therapy

Radiology Services Denied Not Medically Necessary

Pt had Lumbar Sympatheic block for RSV; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above R lower lumbar pain, decrease lumbar inflection. Pins and needle pain with radiating down the leg. Tried Nsaids with mild benefits. Unable to sleep with no injury.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Rule out mass/tumor, disc herniation, facet arthropathy; This study is 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.; Back pain with radicular symptoms down right leg characterized by sharp, shooting pains. Patient has experienced mild incontinence over past 2 months. She also reports muscle stiffness and soreness. Physical exam showed positive straight leg test and face; Physical therapy; At-home exercise; Naproxen; ice; heat; Stretching; Soma; Massage; Trigger points

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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 pain has progressively gotten worse, not being controlled with rest, activity modification and; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-12-2016; There has been treatment or conservative therapy.; The pain radiates to left shoulder, left lower extremity and right sided hip. it is pain that is hot-burning, pins and needle like and throbbing.; Medication therapy and home exercise program

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

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

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)

Radiology Services Denied Not Medically Necessary

UNKNOWN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 08/01/2011; There has been treatment or conservative therapy.; chronic neck/back pain radiating into the legs and the shoulders; injections; meds; pt; pins unit;

Radiology Services Denied Not Medically Necessary

Will Fax; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

Rule out mass/tumor, disc herniation, facet arthropathy; This study is 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.; Back pain with radicular symptoms down right leg characterized by sharp, shooting pains. Patient has experienced mild incontinence over past 2 months. She also reports muscle stiffness and soreness. Physical exam showed positive straight leg test and face; Physical therapy&#x0D; At-home exercise&#x0D; Naproxen&#x0D; ice&#x0D; heat&#x0D; Stretching&#x0D; Soma&#x0D; Massage&#x0D; Trigger points

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

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.; 9/2015; There has been treatment or conservative therapy.; shoulder pn lrm; meds

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; Pt c/o increased pain in lower back, neck and shoulders. Pain in shoulders causing decrease in ROM. Aching, burning and sharp with pins and needles with a 6 out of 10 pain.; Chiro and acupuncture.

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.";

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 tried inseds, ibuprofun, Tylenol, flexural, fladaflex, and Neurontin, and hydrocrodom. Pt is being referred to Ortho for right shoulder pain and pre op evaluation, Pain scale is 6/10

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; PT has also had Orthopedic treatments in 2005 at Beaumont Bone & Joint Orthopedic Care at Beaumont, TX. Tried & Failed CONSERVATIVE TREATMENTS; bed rest, ice/heat, massage, inj therapy, P.T.(Unknown-when/where), home exercise program, activity modificatio; 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 orthotics for at least 6 weeks.

Radiology Services Denied Not Medically Necessary



Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; disc herniation cervical spine. Gun shot wound to left lower extremity.; unknown

Radiology Services Denied Not Medically Necessary

&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.; Age 16; There has been treatment or conservative therapy.; Lower back pain, Left leg pain.; Patient is currently taking medication..

Radiology Services Denied Not Medically Necessary

no relief w/ conservative treatments. Bilat hip x-rays done, no gross abnormalities. Patient is still complaining of bilateral hip pain from unknown origin; This study is being ordered for trauma or injury.; 12/28/2015; There has been treatment or conservative therapy.; sharp, aching, burning pains; NSAIDs, OTC analgesics, Narcotic Analgesics PATIENT FELL AND LANDED ON BOXES AND NOW HAS PAIN IN BOTH HIPS.; This study is being ordered for trauma or injury.; 2015; It is not known if there has been any treatment or conservative therapy.; PAIN IN BOTH HIPS

Radiology Services Denied Not Medically Necessary

PT HAS NEWLY DIAGNOSED RIGHT UPPER LOBE LUNG CANCER, NEW ONSET HEADACHES; 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

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

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.

Yes, this is a request for CT Angiography of the Neck.

The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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.

"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 cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.

"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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

&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.; unknown; It is not known if there has been any treatment or conservative therapy.; This is for an evaluation for a heart transplant.

9mm nodule was found during last CT. Follow up CT suggested for 3,9, and 24 months to check 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.

CHECK UP ON AORTIC VALVE REPLACEMENT; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

follow-up study; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

mass was first detected in April 2015.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

patient has a known hernia, pre opt evaluation; This study is being ordered for Congenital Anomaly.; unknown; There has not been any treatment or conservative therapy.; pain in the lower back and chest

Pt has know ascending thoracic aortic aneurysm with a known bicuspid aortic valve. Pt has had new complaints of chest pain and palpitations; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

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 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.

; 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.

; 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.

3 month f/u from previous exam; 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.

3 month follow up to anuresym; 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.

evaluation of a dilated ascending thoracic aorta; 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.

follow up endovascular repair of 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.

none.; The patient is over 17 years old.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; It is not known whether the abnormality is of a cardiac or non-cardiac nature.; Yes, this is a request for a Chest CT Angiography.

Patient had a stress echo and showed aortic aneurism, chest CT is to view what's going 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.

pt has known Abdominal aortic aneurysm, without rupture.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for 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.

Pt has known thoracic aortic aneurysm. Last time it was checked was 2012. Measured 5.5 cm; 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.

recent CT scan of the chest demonstrating his descending thoracic aorta to measure approximately 5.3 mm in largest diameter; 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.

The aortic Sinus(es) of Valsalva are severely dilated at 5.3 cm. Up from 5.0 cm On 8-12-15; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for 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.  
This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

Thoracic aortic aneurysm, without rupture; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for 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.  
; This study is being ordered for a neurological disorder.; About 2 wks ago; There has been treatment or conservative therapy.; pain; meds; anti  
inflammatories; rest

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.; none  
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

&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.; 3 months ago; There has been treatment or conservative therapy.; pain and numbness; pt, and medication therapy

; This study is being ordered for a neurological disorder.; About 2 wks ago; There has been treatment or conservative therapy.; pain; meds; anti-inflammatories; rest

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

&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.; 5/16/16; There has not been any treatment or conservative therapy.; Pt has acute an tense while at rest  
This is a request for CT Angiography of the Abdomen and Pelvis.

&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.; unknown; It is not known if there has been any treatment or conservative therapy.; This is for an evaluation for a heart transplant.  
patient has a known hernia, pre opt evaluation; This study is being ordered for Congenital Anomaly.; unknown; There has not been any treatment or conservative therapy.; pain in the lower back and chest

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

This is 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

&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.; 5/16/16; There has not been any treatment or conservative therapy.; Pt has acute an tense while at rest

Yes, this is a request for CT Angiography of the abdominal arteries.

Pt has 50-69% of proximal plaque in right ICA stenosis. left ICA stenosis has progressed to 70%. Has shortness of breath.; This study is being ordered as a pre-operative evaluation.; The patient has not had a recent stress echocardiogram.; The patient has 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 evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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).



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.

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.

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.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.

This is 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.

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 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.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

Radiology Services Denied Not Medically Necessary

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

; 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

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;

Dyspnea with exertion last few months, getting worse, not at rest, not associated chest pain.. and clammy.....had left arm pain and chest pain, one week ago, episode 60 minutes, not associated syncope.. a few milder angina episodes...having left lip twitc; 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

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.

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."; The study is requested for headache.

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.

Yes, this is a request for CT Angiography of the brain.

Yes, this is a request for CT Angiography of the Neck.

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.

This 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.

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.

This request is for a Brain MRI; The study is NOT being requested 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

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 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.

"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 cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.

"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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

chest pain; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient 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.

follow up lung nodule.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Ms Logan is here for follow up after sternal wire removal for costochondritis. She still has some pain issues but it hasn't even been a month since we removed her sternal wires. I offered steroids but she declined due to weight gain. We will get a CT of h; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

pt has syncope episode, dizziness, palpitations, and shortness of breath with known dilated aorta.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

r/o adrenal and lung mass patient is having dyspnea on exertion; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Several known lung nodules, measuring up to 7mm @ last CT in 2014. She is having increased SOB presently.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

six month repeat CT to reassess the 1.2 cm 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.

&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.; 2004; There has been treatment or conservative therapy.; ct demonstrated new infarenal abdominal aortic dissection; surgery

&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 another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

&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 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.

&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 Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.

. Heart disease &#x0D; pleasant 63-year-old lady has hypertension, hypertensive heart disease, mild aortic insufficiency and moderate mitral valve insufficiency. 3.9 cm ascending aorta. her ejection fraction approximately 50%. no diabetes, no smoking, no histo; 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.

; 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.

; This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; 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.

; 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.

; 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.

; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known whether this is an evaluation for thoracic outlet syndrome.; It is not known whether there are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.

04/18/16 Patient is for follow up on her Afib. She reports that she has been in afib.&#x0D; &#x0D; 03/23/16 New patient referred by Dr. Sherbet for eval of paroxysmal Afib. She reports that she was Dx'd with Afib in Jan of this year. She is on Eliquis for stroke pr; 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.

62 y.o. with h/o Nicotine dependence, mild COPD,GERD, HLD, HTN, Aortic thoracic Aneurysm (11/2015 CTA showed 4.5 X 4.1 cm ascending aorta), Non-obstructive CAD (SCA 6/2015) here for sooner f/u appt. &#x0D; For the past one month she c/o worsening depres; 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.

Again....To follow the aneurysm to make sure it is stable and not enlarging.; This study is being ordered for Vascular Disease.; 20/05/2013&#x0D; &#x0D; thoracoabdominal aneurysm.&#x0D; &#x0D; 4.1-4.2 cm; There has been treatment or conservative therapy.; nonsymptomatic; Monitor blood pressure and a serial set of ct scans yearly.



Ascending Aorta diameter = 4.2 cm. The Aortic Root Measures '4.5 cm; This study is being ordered for Vascular Disease.; 3/25/2016; There has not been any treatment or conservative therapy.; Ascending Aorta diameter = 4.2 cm. The Aortic Root Measures '4.5 cm

Ascending Aorta diamter = 4.2 CM; 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.

Bicuspid Aortic valve and with dilated ascending aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

F/U thoracoabdominal aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

He had an echocardiogram which showed EF 45% with mild left atrial enlargement and aortic root enlargement.&#x0D; EKG: sinus bradycardia&#x0D; Aortic root dilation: I recommend CT of the aorta. He has a history of smoking and his aortic root measures 4.2 cm; This study is being ordered for Vascular Disease.; 2002; There has been treatment or conservative therapy.; Shortness of Breath, palpitaions, lightheadedness and dizziness, racing heart with rapid heart beat and irregular rhythm,shortness of breath, chest pain and chest tightness, swelling in his lower extremities; Stent placed in 2002 in the setting of an MI. He continues with his medical therapy and additional medication for LV dysfunction

Idiopathic Cardiomyopathy with bicuspid aortic valve.; 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.

Mildly dilated ascending aorta. Ascending Aorta diameter = 4.0 cm; 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.

New patient referred by Dr. Beau for consult for Afib ablation. He is currently on Eliquis for stroke prevention. He has a h/o polymyositis, so many medications interact with his therapy. He has paroxysmal AF, failed Multaq, now on amiodarone. Symptoms in; 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.

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.

Patient having Chest Pain. Hx of PE; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

Patient is here for follow up on his Afib. He reports that he has been feeling "ok". His device will be checked in the office today. He knows that he's having more AF. Device check showed 51% AF burden, sometimes with RVR. This is despite Tikosyn increase; 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.

Patient is seen today for a routine follow up. He's stressed a little and his BP is up. It's time to update his CTA to check the dimensions of his thoracic aorta. He has a mild degree of cough but his blood pressure has been well controlled he doesn't rea; 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.

per recent echo, suspected aortic dilation-pt also has CAD, SOB; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.  
poss. thoracic aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

possibility of moderate left subclavian or axillary stenosis.; 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.

Pt has been having chest pain for past 3 years and was told she may have 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.

Pulmonary vein mapping for a pulmonary vein ablation.; 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.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

To assess Pulmonary Veins for radiofrequency 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.  
; This is a request for an MR Angiogram of the chest or thorax

Set for an Appointment on 5-5-2016 but began experiencing an episode which was a lot worse, including, chest pain, dizziness, and blurred vision and during that episode he blacked out and was transferred to a hospital on 4-29-2016; This study is being ordered for Vascular Disease.; 4-29-2016; There has not been any treatment or conservative therapy.; Pt has HX of chest pain and dizziness  
This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

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.

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  
The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)  
Yes, this is a request for CT Angiography of the upper extremity.  
Yes, this is a request for CT Angiography of the lower extremity.  
; Is this a request for one of the following? MR Angiogram lower extremity

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.

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.

&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.; 2004; There has been treatment or conservative therapy.; ct demonstrated new infarenal abdominal aortic dissection; surgery

He had an echocardiogram which showed EF 45% with mild left atrial enlargement and aortic root enlargement.&#x0D; EKG: sinus bradycardia&#x0D; Aortic root dilation: I recommend CT of the aorta. He has a history of smoking and his aortic root measures 4.2 cm; This study is being ordered for Vascular Disease.; 2002; There has been treatment or conservative therapy.; Shortness of Breath, palpitaions, lightheadedness and dizziness, racing heart with rapid heart beat and irregular rhythm,shortness of breath, chest pain and chest tightness, swelling in his lower extremities; Stent placed in 2002 in the setting of an MI. He continues with his medical therapy and additional medication for LV dysfunction

This is a request for CT Angiography of the Abdomen and Pelvis.

Again....To follow the aneurysm to make sure it is stable and not enlarging.; This study is being ordered for Vascular Disease.; 20/05/2013&#x0D; &#x0D; thoracoabdominal aneurysm.&#x0D; &#x0D; 4.1-4.2 cm; There has been treatment or conservative therapy.; nonsymptomatic; Monitor blood pressure and a serial set of ct scans yearly.

Ascending Aorta diameter = 4.2 cm. The Aortic Root Measures '4.5 cm; This study is being ordered for Vascular Disease.; 3/25/2016; There has not been any treatment or conservative therapy.; Ascending Aorta diameter = 4.2 cm. The Aortic Root Measures '4.5 cm

Yes, this is a request for CT Angiography of the abdomen.

Patient Problems Medical History&#x0D; Anxiety&#x0D; TOBACCO USE DISORDER&#x0D; Stress reaction&#x0D; Nonischemic cardiomyopathy&#x0D; Hernia&#x0D; Urinary tract infection, site not specified&#x0D; Acute exacerbation of chronic low back pain&#x0D; Headache&#x0D; Abdominal Pain&#x0D; Strain, Lower Back&#x0D; Ch; This study is 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.; Ms. Wesley is a 34 y/o AAM with a h/o NSTEMI, and NICMP (EF 35-40%), here today for a follow up. The patient is diaphoretic and has been so at most of his prior appt's. He says that he has been this way his whole life. The patient says that he continue

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.

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.; 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

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

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

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

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;

This is a request for a MR Angiogram of the abdomen.

&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.; 3/9/2016; There has not been any treatment or conservative therapy.; shortness of breath, cardiomyopathy,

Set for an Appointment on 5-5-2016 but began experiencing an episode which was a lot worse, including, chest pain, dizziness, and blurred vision and during that episode he blacked out and was transferred to a hospital on 4-29-2016; This study is being ordered for Vascular Disease.; 4-29-2016; There has not been any treatment or conservative therapy.; Pt has HX of chest pain and dizziness

This is a request for a heart or cardiac MRI

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; This is a request for a Heart CT.

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

R/O CAD; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.



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.; &lt;Additional Clinical Information&gt;; Yes, there is Chronic Chest Pain.

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; ; Yes, there is Chronic Chest Pain.

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.; Abnormal stress echocardiogram with exercise induced dyspnea and the suggestion of two vessel coronary disease in all four standard views.; Yes, there is Chronic Chest Pain.

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.; none; Yes, there is Chronic Chest Pain.

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 had abnormal EKG and a stress echo that showed negative. having some shortness of breath and chest discomfort for the past month or so; Yes, there is Chronic Chest Pain.

The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; It is not known if patient has new onset congestive heart failure.; ; Yes, there is Chronic Chest Pain.

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.

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.; complains of chest pain she describes as an ache/pressure that was off and on. complains of dyspnea with exertion; Yes, there is Chronic Chest Pain.

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.; NONE; Yes, there is Chronic Chest Pain.

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.; pain radiating to upper back with SOB. last seen in 2014. recent Echo stress test negative but BNP elevated at 154 Chest Pain for past few months. mid sternal at times sharp pain other times feels sore. radiates to left shoulder and upper back, describes ; Yes, there is Chronic Chest Pain.

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.; Precordial pain with shortness of breath; Yes, there is Chronic Chest Pain.

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 has heart palpitations and shortness of breath has chronic infection; Yes, there is Chronic Chest Pain.

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.

There is "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; &lt;Additional Clinical Information&gt;; No, there is no Chronic Chest Pain.

There is "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; new onset of chest pain and SOB, relieve with rest, current smoker, h/x high chol, family h/x heart disease.; No, there is no Chronic Chest Pain.

This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.

This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.

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

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 SOB

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, &#x0D; poss. coronary artery disease

This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; chest pain, SOB for 8 months.

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.; LBBB with 1.5mm horizontal ST depression at 5 minutes of stress.

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.; SOB, Chest pain... Cannot walk due to knee replacements.

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.;

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.; IMPRESSION:&#x0D; 1. No pulmonary emboli identified.&#x0D; 2. Cardiomegaly with perihilar and upper lobe infiltrates consistent with&#x0D; pulmonary edema.&#x0D; 3. Bilateral pleural effusions right greater than left.

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.; Pt here for followup CAD with previous CABG in 2015. He has been having palpitations over the last 6 months. He has been having dizziness and chest discomfort as well. He had similar presentation.

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 uninterruptible cardiac imaging .; ; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.;

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; abnormal nuclear stress test, chest pain, dyspnea on exertion, shortness of breath. HTN, HLPD, family hx CAD

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Arteriosclerosis of extremity with rest pain, lower extremity edema, dyspnea on exertion, angina pectoris, shortness of breath, hypertension, diabetes, current tobacco user, recent positive stress test, ongoing leg pain

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Chest pain

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; eval of chest pain. had non-diagnostic stress test on 3/17.

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Mild apical to mid anterior ischemia. Mild apical lateral and mid anterolateral ischemia.

worsening chest pain; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; pain to lower extremities and continues to get worst;; medication, exercise therapy

abnormal ankle brachial index, hypertension, chest pain ;; This study is being ordered for Vascular Disease.; present for the past year; There has been treatment or conservative therapy.; pain in both lower legs;; medication

Yes, this is a request for CT Angiography of the abdominal arteries.

This is a request for Parathyroid SPECT imaging.; Secondary hyperparathyroidism of renal origin

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).



&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).; It is not known if the patient has had a nuclear cardiology study since having an MI.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had previous cardiac surgery or angioplasty.; It is not known if there are new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is 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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; pain to lower extremities and continues to get worst,; medication, exercise therapy

. CHEST PAIN UNSPECIFIED (R07.9): recurrent consistent with angina pectoris relieved with NTG&#x0D; &#x0D; Angina (I20.9); This is 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

; 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).

; 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.; It is not known if the patient has had a cardiology study in the past 3 years.; The study completed more than 3 years ago was not a Nuclear Cardiology Study, Exercise Treadmill Test or Stress Echocardiogram.;

; 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).

; 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 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).

; 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).; It is not known if the patient has diabetes.; It is not known if the patient has had a cardiology study in the past 3 years.; No other testing was completed more than 3 years ago.

; 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 had a cardiology study in the past 3 years.

; 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).

; 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).

; 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).

; 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).

; 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).

; 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).

; 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).

; 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).

; 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).

; 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).

; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had previous cardiac surgery or angioplasty.; It is not known if there are new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; It is not known if the patient has had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.



; 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 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).; It is not known if the patient has a physical limitation to exercise.

; 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.

; 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

; 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

; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

; This is 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

; This is 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

; This is 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

; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent ) evaluation.; It is not known if the patient is presenting with new symptoms of chest pain or significant EKG changes.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

; 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).

; 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 male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;;

; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;

; This study is being ordered for Vascular Disease.; February 2016; It is not known if there has been any treatment or conservative therapy.; 1. Precordial chest pain.&#x0D; 2. Palpitations.&#x0D; 3. Dyspnea on exertion.&#x0D; 4. Cardiac murmur.&#x0D; 5. Abnormal EKG.&#x0D; 6. Type II diabetes without complications.&#x0D; 7. Essential hypertension.&#x0D; 8. Hypercholesterolemia.&#x0D; 9. Obesity.&#x0D; 10. Preoperative

32 y/o white female patient with a history of dyslipidemia, tobacco abuse, obesity, family history of premature CAD, GERD; that is referred to us due to CP. Unable to walk for any distance due to back pain and SOB. We will assess her for the presence of C; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; 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).

39 yr old female w/ chest pain, SOB, STRONG family hx of heart disease, under age of 60. Obesity, can not walk treadmill.; 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).

40 yo male with Htn here for SOB and Chest pain. For the past one year he c/o SOB and chest pain. Pain is moderate, substernal, pressure-like. Worse with more than usual activity. Associated with SOB. Lasts for 2-3 minutes. Stable since onset. Sta; 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).

43 year old male with hypertension, ST elevation, cardiac arrest, left ventricular failure, hyperlipidemia, COPD and diabetes.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

44 year old male with chest pain, cardiomyopathy, sleep apnea, hypertension, CHF, and hyperesthesia.; 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).

44 year old male with edema, myocardial infarction of inferior wall, CAD, chest pain, hypertension, and hyperlipidemia.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

48 year old female with hypertension, chest pain and strong family history 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.

50 year old female 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.

50 yo male with no prior cardiac history here for chest pain and dizziness. He was seen at SMH for sudden loss of vision while driving. Lasted for ~ 20 minutes. Vision was blurred then. No syncope but some dizziness. While at the hospital he devel; 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.

52 yr old female w/ SOB , abnormal EKG RBB ; 30 pk yr hx of smoking, hypertension & Physical limitation to exercise; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

53 year old male with diabetes, hyperlipidemia, sleep apnea, hypertension, CAD, atrial fibrillation and presence of coronary angioplasty Implant and graft..; 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).

54 year old male with hypertension and palpitations.; 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).

55 year old female with hyperlipidemia, hypertension, dyspnea and chest pain.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

56 y.o. male with h/o Htn, tobacco abuse, prior ETOH abuse with residual neuropathy, anxiety, depression, COPD here for cardiac evaluation. For the past one year he c/o chest pain. Left and right sided, pressure-like. Lasts for several hours. Wors; 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.



56 year old male presenting with hyperlipidemia, angina, thoracic aortic aneurysm, dyspnea, and family history; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

56 year old male with hyperlipidemia, hypertension, chest pain and edema.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

57 year old male with chest pain, hyperlipidemia, atrial fibrillation, family history of CAD, and obesity.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; 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.

58 year old female with chest pain, hyperlipidemia, hypertension and strong family history 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.

58 year old male with CAD, hypercholesterolemia, and hypertension.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; 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).

58 year old male with CAD, occlusion and stenosis of carotid artery, myocardial infarction, PVD, palpitations, ischemic cardiomyopathy, and 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 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).

59 year old female with diabetes and palpitations.; 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).

6 episodes of Ventricular Tachycardia on his pacemaker check; 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).

60 year old female with hyperlipidemia, hypertension, CAD, old myocardial infarction, chest pain and angina.; 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 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).

61 year old male with hyperlipidemia, hypertension, and atrial fibrillation; 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).

62 year old female with claudication, dyspnea, chest pain, and strong family history 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.

62 year old male with hyperlipidemia, hypertension, CAD, and aortic valve stenosis.; 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).

62 yo male with Htn and HLD here for high CAC score and fatigue. For the past several weeks he c/o fatigue. Moderate in intensity. Worse ~ 8 pm. No associated chest pain or SOB. Stable since onset. Very active. Exercises daily but for the; 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).

63 year old male with abnormal ekg, edema, chest pain, dyspnea, hypertension, and hypothyroidism.; 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.

64 year old female with palpitations and chest pain; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

64 year old male being seen for cardiomyopathy; This study is being ordered as a pre-operative evaluation.; 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.; It is not known whether this evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

64 year old male with sleep apnea, syncope and collapse, cad, hypertension, hypertensive heart disease, and occlusion and stenosis of bilateral arteries.; 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).

64 year old presenting for clearance for kidney transplantation 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.; 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 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).

66 year old male with palpitations; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; The patient has not had a cardiology study in the past 3 years.; No other testing was completed more than 3 years ago.

74 year old male with thoracic aortic aneurysm, palpitations, hyperlipidemia, CAD, and abnormal ekg.; 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 had a cardiology study in the past 3 years.

ABN treadmill stress test\*; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20

abnormal ankle brachial index, hypertension, chest pain ,; This study is being ordered for Vascular Disease.; present for the past year; There has been treatment or conservative therapy.; pain in both lower legs,; medication

abnormal ct of heart. hypertrophic cardiomyopathy, with 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.

Abnormal EKG, chest pain and SOB, COPD; 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.

Abnormal EKG; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Abnormal EKG; 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 had a cardiology study in the past 3 years.

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.

ABNORMAL EKG-PVC'S & 1MM ST DEPRESSION, CHEST PAIN, FORMER SMOKER, 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.



abnormal exercise stress test; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39  
angina at rest.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

angina, shortness of breath, 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).

angina; bradycardia; slow/low heart rate 60 beats per min; 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).

Arteriosclerosis of extremity with rest pain, lower extremity edema, dyspnea on exertion, angina pectoris, shortness of breath, hypertension, diabetes, current tobacco user; 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).

Back Surgery - decompression & Neurosurgery - cervical fusion; 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).

CAD & 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).

CAD & Hypertensive & 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.; 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).

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

Cardiology consultation for this 41-year-old gentleman. He is self-referred. Approximately 10 days ago he had an episode. He had got into the hot tub at home. He suddenly felt very weak and dizzy. He felt as though he was going to pass out and had difficulty; 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).

Cardiovascular: Positive for chest pain; Neurological: Positive for dizziness and light-headedness; The patient is not diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

chest discomfort, Family history of cardiac disorder in grandmother, Elevated blood pressure (not hypertension). Patient with no prior cardiac history positive family history of CAD, here for evaluation of non-activity related chest discomfort that occurs; 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.

Chest heaviness radiating 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).

Chest Pain (Angina)&#x0D; 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 negatives include no shortness of breath. No; The patient is not diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

chest pain and dizziness this has been going on for about 2 weeks with 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.

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

Chest pain is described variedly as pressure, squeezing and sharp lasting about 1 hr with no aggravating or relieving factors. History of hypertension and hyperlipidemia.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

Chest pain like a knife through the heart, lasting 5-10 minutes with no aggravating or relieving factors. Dizziness; 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.

chest pain on exertion and at rest. also complains of shortness of breath 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.

chest pain radiating to jaw, family history of coronary artery disease, hyperlipidemia, elevated blood pressure. Ena Mendoza is a 53 y.o. female who presents as a new patient to establish care. Seen yesterday in our ER for c/o chest pain. Work up was unre; 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.

chest pain shortness of breath rule out cad; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

chest pain that radiates to his left arm, palpitations, near syncope, family history of CAD; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Chest pain Mild -Mod pain in chest Discomfort in both arms; This is 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

Chest Pain; SOB; Type I DM; 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.

Chest pain, Abnormal Exercise Stress Test; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; 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).

chest pain, benign hypertension, cigarette nicotine dependence without complication. Chest Pain (Angina)&#x0D; This is a recurrent problem. The current episode started more than 1 week ago. The problem occurs every several days. The problem has not changed s; 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.

CHEST PAIN, DIZZINESS, SYNCOPE, PALPS, FORMER SMOKER, FAMILY HX OF CAD, CVA, COPD, HTN, CAD, HYPERLIPIDEMIA, BORDERLINE DM: WE DO NOT HAVE PTS PAST RECORDS TO KNOW HOW THE CAD WAS DOCUMENTED. THANKS; 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).



CHEST PAIN, DOE, FATIGUE, PALPS, NEAR SYNCOPE, SMOKER, FAMILY HX OF CAD, CHRONIC BACK PAIN; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

CHEST PAIN, DOE, HTN, FAMILY HX OF CAD, SMOKER, INITIAL VISIT; 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

CHEST PAIN, DOE, HYPERLIPIDEIMIA, HTN, OBESITY, 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).

CHEST PAIN, DOE, SMOKER, FAMILY HX OF CAD, PALPS, HTN, 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).

Chest pain, syncope, shortness of breath, hypertension, 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.

chest pain, unspecified chest pain type, dyspnea on exertion, chest tightness for about a month, difficulty swallowing, generalized pain, shortness of breath, snoring; 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.

chest pain, unspecified type, essential hypertension, shortness of breath. Chest Pain (Angina)&#x0D; This is a recurrent problem. The current episode started more than 1 week ago. The problem occurs every several days. The problem has not changed since onset.; 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).

Chest pain, will be exercise.; 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.

Chest pain. Left sided chest pain occurs daily. MD wants to order due to patient profession driving DOT physical not passed. Patient having chest pain that needs further evaluation.; 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).

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).

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.

chest pains 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.

Chronic systolic heart failure and dilated cardiomyopathy. Need to perform an ischemic evaluation to be certain there is no ischemic etiology to her cardiomyopathy; 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.; The study completed more than 3 years ago was not a Nuclear Cardiology Study, Exercise Treadmill Test or Stress Echocardiogram.; Regular Echocardiogram

complains of dyspnea, palpitations. frequent atypical substernal "sharp pulsing" chest pain w/radiation down his left arm; 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).

complains of non exertional chest pain and shortness of breath, poor energy level, feels like her heart runs away at times; 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).

Complains of shortness of breath, chest discomfort and fatigue. : Coronary artery disease, s/p PCI to RCA; Hypertension; Hyperlipidemia; He was a smoker for over 25 years. He continues to use smokeless tobacco; 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).

complaint of chest pain she describes as aching/sharp pain located just to the left of midsternal area that occurs with rest or activity; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

COMPLAINT OF CHEST PAIN, HEART "FLUTTER"; 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.

Complaint of episode of chest pain and shortness of breath. Pt needing clearance for colon cancer surgery; 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.

complaint of occasional chest pain she describes as pressure. States the pain lasts a couple hours and is relieved on its own. She also complains of occasional fluttering 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.

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

complaints of chest tightness. History of SSS post Medtronic dual chamber pacemaker; 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.

COMPLAINTS OF LEFT SIDED CHEST PAIN AND SHORTNESS OF BREATH. HISTORY OF HYPERTENSION AND FAMILY HISTORY 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.

complaints of left sided chest pain that has lasted for two months, shortness of breath on exertion, dizziness with position changes, palpitations. history of CHF, HLD, 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.

Complaints of midsternal chest pain with shortness of breath. History of diabetes and hyperlipidemia; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

Complaints of shortness of breath and uncontrolled hypertension. Pt also has 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.

Complaints of uncontrolled 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).

copd, cp, history of smoking, hypertension, hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39



Coronary artery disease with recent percutaneous transluminal coronary angioplasty stent; for evaluation of ischemic burden to decide if patient needs further intervention; 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).

CP; SOB; PVD; HTN; Hyperlipidemia ; Patient unable to walk on a treadmill due to leg amputation; 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).

cp, 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).

Crushing chest pain lasting few minutes; associated neck pain and shoulder pain. Associated with 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.

Ct abnormal on 4/20/2016; 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).

Dyspnea on Exertion ; HTN; Fm Hx; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient had a recent non-nuclear stress test.; The results of the previous nuclear cardiology study were not normal.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

ECG shows ischemic changes in the inferior and anterolateral leads; 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.

EKG: Atrial flutter with variable conduction. Rate 95. Nonspecific ST-T wave changes.; ASSESSMENT AND RECOMMENDATIONS: 1. Chest pain.; 2. Dyspnea.; 3. Dyspnea on exertion.; 4. Status post aortic valve replacement on December 14, 2011 in Little ; 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).

Enter answer here - or Type In Unknown If No Info Given; Patient's ECHO on 12/2/15 showed EF of 20%/ He is status post bypass grafting and has Ischemic cardiomyopathy. Patient also has Hypertension and Dyslipidemia.; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent ) evaluation.; It is not known if the patient is presenting with new symptoms of chest pain or significant EKG changes.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Enter answer here - or Type In Unknown If No Info Given; Patient's EKG on 3/17/2016 showed Sinus Rhythm, CRO old anterior MI.; 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.

Essential (primary) hypertension; Arteriosclerosis of native coronary artery w/ other form of angina pectoris; Acute bronchitis; Arteriosclerosis of native arteries of extremity w/ intermittent claudication; Peripheral vascular disease, unspecified: PAD;; 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.

Essential (primary) hypertension; Arteriosclerosis of native coronary artery w/ other form of angina pectoris; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

Essential (primary) hypertension; Mixed hyperlipidemia; Arteriosclerosis of native arteries of extremity w/ intermittent claudication; Other chest pain; Palpitations; Arteriosclerosis of native coronary artery w/ other form of angina pectoris; 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.

essential hypertension, pain of left upper extremity, chronic systolic congestive heart failure, 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.

Exercise NM stress. Patient has chest pain, dyspnea, abnormal EKG, hypercholesterolemia, heavy 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.

family history of cad, smoker, sob, cp; 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.

family history of cardio vascular disease, shortness of breathe, 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.

Family hx of premature cad&#x0D; Hx of dyslipidemia&#x0D; 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.

fax; 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).

Follow up for known CAD; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient 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).

has a known history of hypertension. presents chest pain 3 weeks ago that was sharp and lasted about 10 minutes and went away; 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.

Having angina last 3 months, left precordial area, at times associated left arm numbness, and dyspnea, episodes at rest and exercise, lasting few minutes, does not take NTG sl. episodes 3-5 times a week. Can't run, back pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

He had an echocardiogram which showed EF 45% with mild left atrial enlargement and aortic root enlargement; EKG: sinus bradycardia; LV dysfunction; Shortness of breath dizziness and palpitations, stent placed in 2002 in the setting of a myocardial infarct; 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.

He is here for a routine follow up visit. He denies any angina, shortness of breath, orthopnea, or PND. He has a very high calcium score by CT a couple years ago.; 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).

Heart Catherization; 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).

heart failure, SOB, COPD; 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.

Here for follow up and needs surgical clearance for left knee replacement He is active in the gym regularly and is not having angina He works at local mens clothing store and has rigorous schedule especially during the Holidays He is compliant with his m; 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).



History of CHF and hypertension. Has some complaints of shortness of breath. Pt need clearance; 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.

history of coronary artery disease post pci. history of hypertension and hyperlipidemia. Needing a stress test for DOT clearance; 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).

history of hypertension, Referred to our office for chest pain, shortness of breath, dizziness and numbness to his lower ext; 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.

history of hypertension. Complaints of chest pain, palpitations, and constant shortness of breath. experiences exertional dizziness; 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.

History of hypertension. Complaints of shortness of breath. Has had a prior abnormal EKG; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

History of hypertension. Moderate LVH and mild MR. Complains of dull achiness in his chest that occurs at anytime; 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.

History of Severe Peripheral Vascular Disease with recent thrombus in R leg requiring emergent thrombolysis. Risk factors include DM, HTN, Hyperlipidemia and family history. Cannot undergo exercise stress testing d/t severe Peripheral vascular disease; 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.; 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 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).

history of Tachycardia status post Medtronic Loop. PMH includes Hypertension, Hyperlipidemia. Patient presents with complaints of chest pressure; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

hyperlipidemia, hypertension, 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.

hypertension, cp, 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.

Hypertension, 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.

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).

Jim presents today after having a history of an elevated coronary calcium score that he was previously recommended for stress testing. 2 years had an elevated coronary calcium score at Mayo of 608. Tried crestor once and had myalgias/depression and stoppe; 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).

Known CAD, EKG with nonspecific changes in the inferior leads, HTN, Hyperlipidemia; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

known coronary artery 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.; 5/16/2016; There has not been any treatment or conservative therapy.; chest pain shortness of breath

Last few weeks chest pain, left precordium, radiation left arm ,associated dyspnea, at rest, not using NTG, and discussed smoking ...reducing 5 a day...; This is 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

left sided sharp pain, history of drug dependents, smoker,; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac 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.

Lt sided cp radiating to lt shoulder; dizziness; SOB; hyperlipidemia; 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).

mbr several syncope episodes; 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).

Michael McKim is a 54 y.o. Caucasian male who presents for evaluation of chest pain. He has had infrequent episodes of chest pain for the last 3 years. Mostly at rest and rarely with exercise. Epigastric/lower sternal localized area of burn, dull ache and; 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).

Mitral Valve Regurgitation &#x0D; HTN&#x0D; CAD&#x0D; Worsening 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).

Mr Mezel is a 39 yo WM recently seen in the hospital with TIA. Still c/o right sided tingling numbness which is worse with any activity, even with stretching and washing hair. Reports more 15 episodes just in the morning, lasting less than a min up to 30 ; 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).

Mr. Burbank is here today for evaluation of dizziness and syncope. He developed diaphoresis and became dizzy at home, he then reports falling in the bathroom. Denies any chest pain at that time. Denies any palpitations.; 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).

Mr. Taylor is referred by Dr. Siddiqui for evaluation of chest pain. Occurs nightly, substernal tightness, moderate severity, lasts 1-2 hours before resolving. Sometimes occurs during the day. Last 7-8 months. Some mild improvement with pantoprazole. HX o; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

Mr. Wiggins is a 45-year-old gentleman who is a long time smoker, with no significant medical history. He presented to the emergency room with complaints of cough and shortness of breath with activity, for the last 2 weeks. He does report some intermitt; 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

Mrs. Durham comes in for follow-up last seen March 2016. She still has some sharp stabbing chest pains. This is slowly improving. Sometimes the pain will last a minute or two --rarely up to five minutes. She did take a nitroglycerin on three separate occa; 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).

Mrs. West comes in for initial evaluation of chest pain. About a month ago she had an achy chest discomfort in left upper chest going up to her left arm into her left neck. She had some mild diaphoresis with this but no nausea and vomiting. It was mostly ; 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.



Ms. Clifton is referred by Katina Briscoe, APRN at Arcare for cardiac evaluation related to an abnormal EKG, dyspnea, and family history of bicuspid aortic valve. She has dyspnea with strenuous exertion, associated with mild substernal chest tightness, im; 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.

Ms. Collins-Vallery is a 54 y/o AAW with a h/o HTN, HLD, TIA, and Hyperthyroidism, here today to establish cardiac care. She says that for the past year or so she has had progressive shortness of breath. The shortness of breath is present with minimal ex; 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

Ms. Freeman is here for a follow up visit. She had an abnormal ECG. She had been having some chest tightness about 2 weeks ago. She has dyspnea with moderate activity. Her chest tightness is unrelated to activity. This will be worse at times. This has bee; 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.

Ms. Johnson is having midsternal chest tightness that occurs with exertion and is relieved with rest. Chest pain began about one month ago. She is concerned as her father had a MI in his 40's and later died at 47yr old. Denies any dizziness, nausea, short; 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).

Ms. Varner is here today for evaluation of chest pain with LOP 3 out 10, dizziness. She reports chest pain began 2 months ago. Chest pain is left anterior and radiates to left arm. Occurs with exertion.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

Ms. Williams is referred by Dr. Moore for evaluation of palpitations and chest pain. She was in the ER in Texas 1 month ago for an episode of substernal chest pain, moderately severe, pressure-type, while sitting in a car, lasted for up to an hour and too; 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).

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.

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).

needs treatment for hep c; 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).

New patient with tachycardia last one year, at times associated dyspnea, no associated syncope or dizzy spells, and at times chest pains, precordium, radiating left arm, episodes last 5 minutes, episodes occur with exercise, she is smoker 1 pack a day, an; 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).

new patient evaluation for chest pain & shortness of breath. Positive hx of HTN. There is a family history of premature coronary artery disease.; 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).

New patient referred Dr Fox with chest pains , last few months, at rest and with exercise, left precordial, episodes last 5 minutes, associated dyspnea, no radiation, at times associated palpitations, daily episodes, ,,similar episodes 6 years ago...non s; 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).

New patient with dizziness in the am,,,last 2 years...worse in the am...usually lasts one day...had 4 episodes.....no associated syncope or angina....he may have vertigo....seen MD, no angina....no dyspnea...associated fatigue....; 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).

New patient with fatigue; 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).

new patient woke up chest pain 10 days ago, at night, mid precordium, pressure chest, radiating right side face with numbness, perhaps associated dyspnea, felt headache, episode lasted 10 minutes,, second episode lasted 20 minutes, not associated 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).

New patient. Has family history of chest pain. Heaviness during the day and hands get numb at night. Lots of edema. Lots of stress in her life as she lost her job. Smoking more since she became unemployed. History of chest pain, anxiety, and dyspnea on e; 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).

non diagnostic exercise.; 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).

Nondiagnostic stress echo because of failure to achieve the 85 % target HR or adequate cardiac stress; 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).

none; 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).

none; 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).

none; 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).

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.

None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 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

None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Nonsustained Ventricular Tachycardia on pacemaker check; 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).

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.

other chest pain; Patient with a history of HTN, DM, atrial fibrillation/flutter, here for follow up evaluation. He reports complaints of chest pain, located in the midsternal area, described as an ache, present for several months, not worse since initial; 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.

other chest pain, dizziness, benign hypertension. Chest Pain (Angina); This is a recurrent problem. Episode onset: 6 months. The problem occurs every several days. 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.



pain was under her left breast to back, left shoulder and the left side of the neck. She tried deep breathing to relieve and didn't go away; 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.

Palpitation&#x0D; CP &#x0D; Mitral Valve Disorder &#x0D; Murmur; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient becomes short of breath and has angina on exertion. Patient has an abnormal ECG and can not do a walking treadmill stress test. Patient has a family history of coronary artery disease. Patient is a smoker and has 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

patient couldn't complete stress test due to epigastric pain, shortness of breath, and edema, patient was only able to walk 4 mins; 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 has been having palpitations 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).

patient has chest pain 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).

Patient has hypertension, family history of heart disease and diabetes; 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).

Patient has known CAD with new symptoms. Patient is Diabetic. SOB and chest pain with fatigue.; 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).

Patient has untreated hypertension, hyperlipidemia and an abnormal EKG.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient having angina and SOB.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; 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).

Patient having chest pain for 48 hrs with SOB; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient having chest pain. &#x0D; Has family history of heart disease&#x0D; Is an ex-smoker; 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.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.

Patient having palpitations, dizziness, chest pressure and shortness of breath. History of cardiac murmur, mild mitral regurgitation, trivial tricuspid regurgitation.; 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 history of hypertension, family history coronary artery disease, for evaluation of chest pain and palpitations symptoms. Reports symptoms were present for several years, however worse more recently. Chest pain is non-activity related, nonradiating; 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).

patient is diabetic complaining of shortness of breath and chest pain as well as dizziness patient is also having shortness of breath with rest; 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).

patient is present with chest pain and shortness of breath.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

patient presents with complaints of chest pain, palpitation, dyspnea. patient has current symptoms of supraventricular tachycardia which were obtained through a ekg read. on date of service 4/19/16; 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.

Patient states she was told she has a leaky tricuspid and mitral valve. She reports palpitations that skip a beat and flop mostly at night associated with chest tightness.; 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.

Patient to undergo bariatric surgery and having symptoms of chest pain, dyspnea, heart palpitations and abnormal EKG.; Patient morbid obesity and has osteoarthritis.; 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 unable to reach 85% max on tmst due to dizziness & numbness in legs; has intermittent chest pain at rest & exertion; had chest pain following tmst; patient also notes tachycardia with minimal exertion-confirmed with monitor; 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

Patient was unable to reach predicted age related heart rate due to leg 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).

Patient was unable to reach the target heart rate on the treadmill.; 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 went to ER chest pain dizziness shortness of breathe, had trans right bundle branch block. HX of smoker w family hx of heart disease.; 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 with a complaint of chest pain, substernal, non-radiating and random. Patient also complains of shortness of breath on exertion. Patient has an abnormal ECG. Patient has a family history, 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.

patient with past medical history of VSD; episode of syncope with chest pressure, tightness, and nausea.; Progressive fatigue and dyspnea with working.; 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).

patient with tachycardia and can't exercise also has abnormal EKG; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patients last exercise stress test patient was unable to achieve target heart rate and test inconclusive. Patient still having chest pain symptoms that are radiating.; 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).

Patients RSE was normal and on follow up Patient has c/o chest pain, jaw pain, shoulder and back pain with fatigue. She has a History of risk factors that include HTN, Hyperlipidemia and Tobacco abuse; 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).

PER MD NOTES, LAST OFFICE VISIT 5/11/16: Underwent sleep study that showed 2nd degree type II AV block ?, no strips present; Presents today with c/o CP and DOE. Her dyspnea has worsened since the last visit. Active Problems; 1. Chronic diastolic congestive; 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).

precordial chest pain, other chest pain, essential hypertension, dyslipidemia. Patient with a past history of hypertension and dyslipidemia here for evaluation of chest discomfort. Chest pain is present for over a year, located in left upper chest, radiat; 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).



precordial pain, tobacco use, sharp and shooting chest pain intermittently, pain is worse with deep breath. Chest Pain (Angina) This is a recurrent problem. The current episode started more than 1 week ago. The problem occurs every several days. 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).

PRECORDIUM RADIATING INTO INTERSCAPULAR REGION CHEST PAIN. DYSPNEA ON MODERATE EXERTION. SINUS BRADYCARDIA ON EKG. PATIENT SMOKES 2 PACKS PER DAY. HYPERCHOLESTEROLIA; 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).

preop cardiovascular exam, abnormal EKG showed: NSR HR 77 bpm, LAD, nonspecific T wave changes. Type 2 diabetes mellitus without complication, benign hypertension, hyperlipidemia. Darris Lee Hughes is a 47 y.o. Caucasian male who presents for pre-gastric b; 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 male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

previous MI with angioplasty to RCA, no presenting with chest pressure and dyspnea - similar to symptoms before previous MI. Patient recently had a patellar fx and cannot walk treadmill without significant knee 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

Pt cant do a regular stress test exercise or regular cardiolyte due to Hispoplasmosis and restricted lung disease.; 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).

Pt chest pains\* subdural chest pain\* pressure\* Pt has hypertension hyperlipidemia\* pupations\* Hx family 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.

Pt had a stroke with new onset of chest pain and palpitations. Hyperlipidemia and shortness of breath.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Pt had abnormal EKG with short run of STV at cardiac rehab, history of cardiac surgery - hole in ventricle details not known, hypertension, hyperlipidemia, history of right ankle fracture with surgery, abnormal EKG 4/19/2016, mild LVH on echo 6/2015.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

Pt has a right bundle branch block, unable to exercise, hyperlipidemia, and a 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).

pt has been having sharp chest pain for a while now with shortness of breath. Radiograph from LAD-LARGOM. pt has ejection fraction of 62%; 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).

pt has cad seen on ct of 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).

Pt has chest pain and shortness of breath, hx family of cad and a 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).

PT HAS CP, WITH SHORTNESS OF BREATH, PT DOES HAVE PULMONARY EMBOLISM; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

PT HAS NEW ONSET AFIB. PT HAS HISTORY OF HYPERTENSION AND DIABETES. HE HAS A LENGTHY FAMILY HISTORY OF KNOWN CORONARY ARTERY DISEASE; 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).

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

Pt here for followup of bradycardia and hypertension. He had an echo which showed preserved LV function. His treadmill stress test was non-diagnostic secondary to inadequate heart rate. He is still having chest pain. He comes in today for further evaluation; 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).

Pt here for followup of CAD and previous stent placement. He has recently moved to Searcy. He had a stent placed 2 months ago. He had a bad car wreck about 2 months ago. He had a bad head injury and was followed for a brain bleed. He has been having chest; 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).

Pt here for followup of cardiac PVC's, shortness of breath with and without activity and chest pain. She had a stress test in the past which was negative for ischemia. She has chest pain on a daily basis.; 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).

Pt here for followup with complaints of chest pain and extreme fatigue. She has been treated for palpitations with beta-blocker therapy. History of right nephrectomy three years ago secondary to hypertension and renal mass which was benign. She has notice; 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.

pt hx htn; strong fam hx cad; 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).

Pt is having chest pain and shortness of breath. It is relieved with rest. The ekg shows sinus rhythm with less access; 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.

Pt is having chest pain w/ shortness of breath and w/ exertion. pain is radiating to her arms and she is obese and difficulty walking at times b/c of 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).

Pt is unable to exercise due to back and leg pain.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Pt states that Dr Grant referred him because of EKG results. States that he was told it looked like he had old damage to his heart. Pt denies any cp episodes. Admits to SOB with exertion but states he attributes that to smoking.; 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.



Pt w/known CAD. EF 10-15%, EKG LBBB w/new onset 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

Pt was originally ordered stress echo pt was unable to walk on treadmill due to dizziness, SOB, and leg weakness. Post pictures were not done.; 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).

Pt was seen in er for chest pain and shortness of breath. Has a history of hypertension. Had abnormal ekg in hospital; 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).

PT WAS SEEN IN ER FOR CHEST PAIN AND SHORTNESS OF BREATH. RADIATING TO HER LEFT SHOULDER AND JAW; 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.

R/O CAD; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

RADIATING CHEST PAIN,CHEST PAINS ON EXERTION, SHORTNESS OF BREATH WHEN WALKING, HAS HAD MULTIPLE ER VISITS DUE TO THE 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).

RBBB; 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).

Recommend proceeding with myocardial perfusion imaging study using exercise. Rule out underlying ischemia. Images are necessary because LAD repolarization represents a problem is her baseline 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).

referred by Dr Pierce for cardiomegaly noted on CXR. occasion chest pressure at rest; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

REPORTS OF CHEST PAIN AND PALPITATIONS. HISTORY OF 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.

Requesting Patient to have a Nuclear Stress Treadmill test due to chest pains, heart palpitations, dyspnea. Ms. Barnes is a pleasant 36 year old WW with a strong family history of CAD (sister had a bypass when she was 37 years old), who referred herself; 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).

S/P Pacemaker, Chest pain, HTN, Palpitations; 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).; It is not known if the patient has a physical limitation to exercise.

Sent from primary md, pt dizzy, chest pain, exertion, on going pain, nausea; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know

Sent to this md by the pcp, short of breath and arm pain that was helped by nitro and brought on by 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.

severe back pain episode last week, associated near syncope, not with dyspnea or angina....need preop clearance back surgery...no angina...limited daily activities.; This study is being ordered as a pre-operative evaluation.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Sharon returns for f/u of syncope and to discuss TMST and echo results. Stress echo was inadequate with marked dizziness/lightheadedness. She has some vertigo symptoms with certain head movements. She denies angina or chest pain. We discussed lexiscan nuc; 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).

SHARP LEFT SIDED 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.

She is unable to exercise due to her arthritis, fibromyalgia and musculoskeletal issues; 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).

She is under alot of stress going thru a divorce. She was recently eating at red lobster and developed epigastic chest pain with radiation to the left, moderate intensity. She went to the ER and was told it was likely esophageal spasm.; 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.

She presents today with complaints of month long chest pain that is sharp and "stabbing" in nature without regards to exertion. She states it radiates down her sides and towards the left side of her chest with her hands going numb at times. This will last; 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.

she presents with complaints of central chest pain over the past month that she reports has progressively gotten worse. She states it will radiate between a dull and sharp pain that varies in duration from a couple of minutes to lingering throughout the d; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

She was hospitalized at Forrest City for shortness of breath. She was initially treated for pneumonia but did not respond. She did respond to treatment for CHF and was discharged with diagnosis of diastolic CHF. She also noted a funny sensation in her chest; 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.

She was recently presented to WRMC on 05/27/16 with squeezing chest pain that woke her up from sleep with no associated symptoms or radiation, Since she was DC she has had one episode of chest pain that was not as severe and subsided.; 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.

shortness of breath, pain, hypertension history, 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.

SHORTNESS OF BREATH; 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 (shortness of breath) &#x0D; Arm heaviness; 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).

SOB, 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.



States that she found out last year that she had MI in the past without knowing it. Has been having SOB and fatigue. Admits to having intermittent CP with last episode 2 weeks ago. Obese and HTN.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; 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).

strong family CAD, colon CA, 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.

Susanne W Farrar is a 57 y.o. Caucasian female who presents for evaluation of chest pain. Patient's cardiac risk factors are smoking/ tobacco exposure, family history, dyslipidemia.; 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).

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

Syncope &#x0D; HTN&#x0D; Hyperlipidemia &#x0D; Obesity &#x0D; Family History of heart disease; 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).

the patient had an abnormal ekg read at time of service. the patient also has close family history of MI's in their 30's both where her parents.; 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).

The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.

The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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).

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).

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.

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.

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.

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).

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).

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).

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).

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).

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).

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

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

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

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.

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.

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

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

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.

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.

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.

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.; It is not known if 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.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

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.; 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.



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.

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.

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).; It is not known if the patient has a physical limitation to exercise.

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.

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.

The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

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).

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.

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.

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).

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.

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.

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).

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.

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.

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

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

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

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.

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

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater

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

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater

This is 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

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater

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.

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

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.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.



This study is being ordered as a pre-operative evaluation.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

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).

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 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 evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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.

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 study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

To rule out CAD.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

typical and some atypical features especially the worsening of chest pain with deep inspiration. History of hypertension BP was 180/111 in office; 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).

unknown; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

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).

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.

Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

USA, CP, CAD S/P STENT, HYPERLIPDEMIA, HTN, SMOKER, OBESITY, 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).

very strong family history; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

wants to do nuclear stress test to see if symptoms are secondary myocardial ischemia.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/6/2016; There has not been any treatment or conservative therapy.; chest pains an SOB

WAS IN ER DUE TO RIGHT SIDED CHEST PAIN. PAIN COMES AND GOES, AGGRAVATED WITH STRESS.EKG SHOWED LEFT AXIS DEVIATION WITH PULMONARY DISEASE PATTERN AND INCOMPLETE RIGHT BUNDLE BRANCH BLOCK; 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).

Went to ED on 04/16/2016 for shortness of breath. MPI/Echo required prior to surgical clearance.; 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).

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.; diagnosed w/HF 11/14.

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.;

This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are documented clinical findings consistent with a valve disease.; to access heart failure

This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; None

; This study is being ordered for Congenital Anomaly.; ; 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.; ; There has been treatment or conservative therapy.;

; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.;

BMI 68.67, ABN EKG shows prior myocardial infarction; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/27/2016; There has not been any treatment or conservative therapy.; Chest pain and shortness of breath

known coronary artery 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.; 5/16/2016; There has not been any treatment or conservative therapy.; chest pain shortness of breath

MDO looking to rule 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.; unknown; There has not been any treatment or conservative therapy.; dizziness, chest pain, shortness of breath, family history of pre-mature CAD;

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.

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.

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

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

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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.

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.



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

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.

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.

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

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

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

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.

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.

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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.

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.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.

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.

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.

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.

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.

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.

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).

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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.

; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; It is unknown why this study is being requested.

Reason for Appointment &#x0D; 1. ASD / PFO with TIA's, Dyspnea, HTN, HLP &#x0D; &#x0D; &#x0D; History of Present Illness &#x0D; HPI: &#x0D; Ms. Staggs is referred by Dr. Pruitt with a hx of increasing SOB and exercise intolerance and postural issues c/w orthodeoxia / platypn; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.

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.

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.

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.

; This study is 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 soft murmur that needs echo comp and pt has syncope and vt on halter monitor; There has not been any treatment or conservative therapy.;

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.

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.

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

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.

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.

This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease

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.

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

; 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.

Cardiology consultation for this 41-year-old gentleman. He is self-referred. Approximately 10 days ago he had an episode. He had got into the hot tub at home. He suddenly felt very weak and dizzy. He felt as though he was going to pass out and had difficulty; 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 Dizziness and giddiness; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Yes, this is a request for CT Angiography of the Neck.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary



Radiology Services Denied Not Medically Necessary

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

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.

Radiology Services Denied Not Medically Necessary

unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Radiology Services Denied Not Medically Necessary

Cardiology consultation for this 41-year-old gentleman. He is self-referred. Approximately 10 days ago he had an episode. He had got into the hot tub at home. He suddenly felt very weak and dizzy. He felt as though he was going to pass out and had difficu; Yes, this is a Functional MRI Brain.

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

Ms. Burt is here for annual follow up visit. She has known CAD s/p PCI. She denies angina. She denies dyspnea but continues to smoke. She reports palpitations. She reports increased heart rate. She states that this is occurring. She seems to notice this m; 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.

Radiology Services Denied Not Medically Necessary

Patient Problems Medical History&#x0D; Anxiety&#x0D; TOBACCO USE DISORDER&#x0D; Stress reaction&#x0D; Nonischemic cardiomyopathy&#x0D; Hernia&#x0D; Urinary tract infection, site not specified&#x0D; Acute exacerbation of chronic low back pain&#x0D; Headache&#x0D; Abdominal Pain&#x0D; Strain,Lower Back&#x0D; Ch; This study is 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.; Ms. Wesley is a 34 y/o AAM with a h/o NSTEMI, and NICMP (EF 35-40%), here today for a follow up. The patient is diaphoretic and has been so at most of his prior appt's. He says that he has been this way his whole life. The patient says that he continue

Radiology Services Denied Not Medically Necessary

Will fax clinicals; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Radiology Services Denied Not Medically Necessary

Been in and out of er for chest pain and SOB. Negative stress echo. Cath negative for CAD. If Chest CT is negative office is going to refer him to the pain clinic; 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.

Radiology Services Denied Not Medically Necessary

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

Radiology Services Denied Not Medically Necessary

&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.; 3/9/2016; There has not been any treatment or conservative therapy.; shortness of breath, cardiomyopathy,

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the lower extremity.

Radiology Services Denied Not Medically Necessary

This is a request for CT Angiography of the Abdomen and Pelvis.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the abdomen.

Radiology Services Denied Not Medically Necessary

This is a request for a Heart CT.

Radiology Services Denied Not Medically Necessary

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; &lt;Additional Clinical Information&gt;; Yes, there is Chronic Chest Pain.

Radiology Services Denied Not Medically Necessary

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; ; Yes, there is Chronic Chest Pain.

Radiology Services Denied Not Medically Necessary

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; chest pain; Yes, there is Chronic Chest Pain.

Radiology Services Denied Not Medically Necessary

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; family history of CAD was referred for evaluation of shortness of breath, palpitations and chest pain. Had normal stress echo and normal EKG; Yes, there is Chronic Chest Pain.

Radiology Services Denied Not Medically Necessary

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; She had recent ER eval for chest pain. It started at work. It was a sharp severe chest pain which nearly doubled her over. She initially went home but pain persistent and she went to the ER and she was relieved with asa and nitro. overnight observation wa; Yes, there is Chronic Chest Pain.

Radiology Services Denied Not Medically Necessary

This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.

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

Radiology Services Denied Not Medically Necessary

This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; Chest pain with palpitations

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 SOB.

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.;

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the abdominal arteries.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

&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.; 04/2016; There has not been any treatment or conservative therapy.; shortness of breath hypelipidims

Radiology Services Denied Not Medically Necessary

; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Radiology Services Denied Not Medically Necessary

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

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

Radiology Services Denied Not Medically Necessary

; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/20/2016; It is not known if there has been any treatment or conservative therapy.; chest pain and shortness of breath

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; chest pain and shortness of breath; medications and rest

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

06/07/2016 Had 3 weeks ago, acute dyspnea, lasting 3 hours, associated chest pressure, and relieved diuretics, admitted to ER...&#x0D; &#x0D; Patient admitted for coronary stenting on 4/21/16; This is 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

Radiology Services Denied Not Medically Necessary

52 year old male with midsternal indigestion like pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 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

Radiology Services Denied Not Medically Necessary

54 year old male with hyperlipidemia, hypertension, CAD, chest pain who was unable to finish the stress echo long enough to obtain adequate results.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.

Radiology Services Denied Not Medically Necessary

59 year old female with diabetes, heart disease, ventricular premature depolarization, and chest pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Radiology Services Denied Not Medically Necessary

61 year old female with hypertension, palpitations, and chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29



Radiology Services Denied Not Medically Necessary

angina, dyspnea of exertion; 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

Radiology Services Denied Not Medically Necessary

BMI 68.67, ABN EKG shows prior myocardial infarction; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/27/2016; There has not been any treatment or conservative therapy.; Chest pain and shortness of breath

Radiology Services Denied Not Medically Necessary

Chest pain and left arm discomfort. ; History of chronic stable angina. ; Microvascular dysfunction on medical therapy. ; Coronary artery disease status post left anterior descending artery stent; Near syncopal episode involving micturition likely second; This is 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

Radiology Services Denied Not Medically Necessary

Chest pain, hypertension, orthostatic hypotension; This is 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

Radiology Services Denied Not Medically Necessary

chest pain, shortness breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Radiology Services Denied Not Medically Necessary

Chest pains; This study is being ordered for Vascular Disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Syncope, hypertension

Radiology Services Denied Not Medically Necessary

COMPLAINING OF 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

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

dizzy , light headed , obesity; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Radiology Services Denied Not Medically Necessary

Exercise NM stress for this patient. Patient has chest pain and dyspnea on exertion, hypercholesteremia, benign 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.

Radiology Services Denied Not Medically Necessary

hypertension and cholesterol and smoker; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Radiology Services Denied Not Medically Necessary

Hypertension, Diabetes, CAD, Hepatitis C, 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 20 to 29

Radiology Services Denied Not Medically Necessary

MDO looking to rule 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.; unknown; There has not been any treatment or conservative therapy.; dizziness, chest pain, shortness of breath, family history of pre-mature CAD;

Radiology Services Denied Not Medically Necessary

Mr. O'Conner is referred by Dr. McDonald at PrimeCare for cardiac evaluation. Recently, patient presented to SVI ER with c/o chest pain, dizziness, and syncope. Substernal chest pain, pleuritic, intermittent over a 24 hour period. Was seated in passenger ; 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

Radiology Services Denied Not Medically Necessary

Mr. Ostrhoudt comes in for initial evaluation. He states he had stroke in 2010 while in prison. Yes history of hypertension and I for lipidemia. The Texas Maxzide at night as he used to have some dizziness at times. He was doing well until Easter study. O; 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

Radiology Services Denied Not Medically Necessary

Ms. Caine is a 42 y/o WW with a h/o Fibromyalgia, and Depression, with a strong family h/o heart problems, here today to establish cardiac care. The patient says that for the past 2 months or so she has been having daily episodes where her heart races. ; This is 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

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.; 04/11/2016; There has not been any treatment or conservative therapy.; Suspected CAD CP SOB

Radiology Services Denied Not Medically Necessary

Patient had recent knee surgery and cannot walk on a treadmill so Lexiscan was ordered. Patient also has COPD.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.

Radiology Services Denied Not Medically Necessary

Patient has history of acute left mca infarct in 2015. Patient presented today with complaints of intermittent sharp left-sided chest pain that radiates to her left arm. Associated symptoms include tachypalpitations and also complains of shortness of brea; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patients symptoms started on 6/5/2016 day before seeing her primary care physician.; There has not been any treatment or conservative therapy.; Chest pain&#x0D; Shortness of Breath&#x0D; Edema

Radiology Services Denied Not Medically Necessary

Patient has Hypercholesterolemia, hypertriglyceridemia, abnormal EKG, dyspnea on exertion, chest pain that is mid precordium radiating into his left shoulder and chronic back pain.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

Patient having CP, palpitations, and SOB with activity. He had an abn ekg also; This is 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

Radiology Services Denied Not Medically Necessary

Precordial chest pain, diaphoresis, nausea, abnormal EKG, palpitations, hypercholesterolemia, hyper triglyceridemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Radiology Services Denied Not Medically Necessary

Pt currently having chest pain radiating to L arm, worse with exertion and shortness of breath with exertion.; 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

Radiology Services Denied Not Medically Necessary

Pt had an abnormal EKG/ experiencing vertigo and pre- 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

Radiology Services Denied Not Medically Necessary

Pt is a heavy 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.; 4-28-2016; There has not been any treatment or conservative therapy.; Pt has palpitations/ Abnormal EKG/ Heart murmur/ shortness of breath on exertion/ Pt has asthma and can not get on treadmill

Radiology Services Denied Not Medically Necessary

Pt reports he has been having CP since leaving the hospital. States he normally gets CP everyday, that last most of the day. Not associated with activity or rest. States nothing makes it better or worse. Has not taken any NTG. Pt states he is having a lot; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Radiology Services Denied Not Medically Necessary

Pt w/history of dyslipidemia, smoker w/chest pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Radiology Services Denied Not Medically Necessary

SEVERLY REDUCED STOLISTIC FUNCTION WITH EJECTION FRACTION 13%, ICHEMIC CARDIOMYOPATHY, SEVERE GLOBAL HYPOKINESIX; 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.

Radiology Services Denied Not Medically Necessary

suspected CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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

Radiology Services Denied Not Medically Necessary

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).

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.



Radiology Services Denied Not Medically Necessary

This is a 58 year old female patient that presents today for follow up. She is sp cath in 12/2015 with PCI to RCA, LCX and LAD with DES. Reports problems with her "heart racing" with minimal activity. Patient has hx of CAD, hypertension and hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

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.

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

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.

Radiology Services Denied Not Medically Necessary

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.

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.

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.

Radiology Services Denied Not Medically Necessary

Treadmill test htn mitro valve prolapse Right BBB smoker; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac 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.

Radiology Services Denied Not Medically Necessary

suspected CAD\* Chest tightness\* High BMI (39)\* Family Hx CAD\*; This is a request for a Cardiac-imaging PET scan.; This study is NOT being ordered to identify a myocardial perfusion defect.; This study is NOT being ordered to assess myocardial viability in a candidate for a revascularization procedure.

Radiology Services Denied Not Medically Necessary

&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.; 04/2016; There has not been any treatment or conservative therapy.; shortness of breath hypelipidims

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/20/2016; It is not known if there has been any treatment or conservative therapy.; chest pain and shortness of breath

Radiology Services Denied Not Medically Necessary

; This study is 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 soft murmur that needs echo comp and pt has syncope and vt on halter monitor; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; chest pain and shortness of breath; medications and rest

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Vascular Disease.; Febuary 2016; It is not known if there has been any treatment or conservative therapy.; 1. Precordial chest pain.&#x0D; 2. Palpitations.&#x0D; 3. Dyspnea on exertion.&#x0D; 4. Cardiac murmur.&#x0D; 5. Abnormal EKG.&#x0D; 6. Type II diabetes without complications.&#x0D; 7. Essential hypertension.&#x0D; 8.

Radiology Services Denied Not Medically Necessary

Hypercholesterolemia.&#x0D; 9. Obesity.&#x0D; 10. Preoperative Chest pains; This study is being ordered for Vascular Disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Syncope, hypertension

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.; 04/11/2016; There has not been any treatment or conservative therapy.; Suspected CAD CP SOB

Radiology Services Denied Not Medically Necessary

Pt is a heavy 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.; 4-28-2016; There has not been any treatment or conservative therapy.; Pt has palpitations/ Abnormal EKG/ Heart murmur/ shortness of breath on exertion/ Pt has asthma and can not get on treadmill

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.

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.

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.

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.

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.

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.

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.

Radiology Services Denied Not Medically Necessary

wants to do nuclear stress test to see if symptoms are secondary myocardial ischemia.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/6/2016; There has not been any treatment or conservative therapy.; chest pains an SOB

Radiology Services Denied Not Medically Necessary

She has h/o migraine headache and take Inderal for 1 year. She started having hypotension since 1/2016, with moderate fatigue, associated with SBP 90+, associated with SOB, dizziness, near syncope, relieved by rest. She c/o mild mid chest tightness, press; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.

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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; MIDDLE OF FEBRUARY 2016; There has not been any treatment or conservative therapy.; PT PRESENTED TO ER IN MID FEB FOR PALPITATIONS. WAS FOLLOWED UP BY FAMILY DR AND THEN WAS REFERRED TO CARDIOLOGIST FOR FURTHER TESTING

Radiology Services Denied Not Medically Necessary

Ms. Loquet is a 36 yo wmn with CAD. She was diagnosed with NSTEMI. Cath march 2015, closed RCA and mod stenosis in the lad &#x0D; circ. She had PCI to the rca using 2.25 Xience stent. &#x0D; She has stopped smoking for a few months, but now is back ; 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.

Radiology Services Denied Not Medically Necessary

Patient is status post PTCA with no 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.

r/o mass or other underlying issues; This study is being ordered for trauma or injury.; 03/21/2016; There has been treatment or conservative therapy.; aching, burning and stiffness; now having shaking in the arms and legs, twitching in neck and shoulders, uncontrollable reflexes; Spinal manipulation, PT, spinal decompression

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.

"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.

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.

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT bone pathology; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

&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.; 10/01/2015; There has been treatment or conservative therapy.; pain; chiropractic care

&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.; 4/21/16; There has been treatment or conservative therapy.; radiating pain, numbness and weakness in upper & lower extremities,; pain management, physical therapy, & chiropractic care

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; April 2016; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Medication, physical therapy acupuncture



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.

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.; Pt c/o Spasm, back pain. Numbness, tingling and pain down the extremity. Neck pain as well.; PT and Chiropractic and failed Rx

pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/16/16; There has been treatment or conservative therapy.; Neck pain, radiating down arm and back pain; Chiropractic therapy

R/O cervical stenosis; This study is being ordered for a neurological disorder.; January 2016; There has not been any treatment or conservative therapy.; Radicular pain, weakness and paresthesia

r/o mass or other underlying issues; This study is being ordered for trauma or injury.; 03/21/2016; There has been treatment or conservative therapy.; aching, burning and stiffness; now having shaking in the arms and legs, twitching in neck and shoulders, uncontrollable reflexes; Spinal manipulation, PT, spinal decompression

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.

This is a request for cervical spine MRI; Neurological deficits; numbness and pain in both arms; 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.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

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.

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.

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.; Duration of Symptoms: Start: 04/27/2016 &#x0D; Physical Exam Findings: Pain is sharp, occurs frequently (51-75% day) and radiates to the Left forearm. The pain is aggravated by cervical extension. The pain is relieved by treatment last visit. Hypomobility was

This is a request for cervical spine MRI; Trauma or recent injury; &lt;Enter Additional Clinical Information&gt;; No, the patient does not have new or changing neurological signs or symptoms.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 3/22/16; There has been treatment or conservative therapy.; Chronic back pain, radiating pain down lower extremities; coming in for Physical Therapy 2-3 times a week and on medications

&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.; 4/21/16; There has been treatment or conservative therapy.; radiating pain, numbness and weakness in upper & lower extremities;; pain management, physical therapy, & chiropractic care

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; April 2016; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Medication, physical therapy acupuncture

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.;

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."; &lt;Enter Additional Clinical Information&gt;

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.; Pt c/o Spasm, back pain. Numbness, tingling and pain down the extremity. Neck pain as well.; PT and Chiropractic and failed Rx

r/o mass or other underlying issues; This study is being ordered for trauma or injury.; 03/21/2016; There has been treatment or conservative therapy.; aching, burning and stiffness; now having shaking in the arms and legs, twitching in neck and shoulders, uncontrollable reflexes; Spinal manipulation, PT, spinal decompression

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.

The patient does not have any neurological deficits.; The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; This is a request for a thoracic 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.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The study is being ordered due to chronic back pain or suspected degenerative disease.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 3/22/16; There has been treatment or conservative therapy.; Chronic back pain, radiating pain down lower extremities; coming in for Physical Therapy 2-3 times a week and on medications

&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.; 10/01/2015; There has been treatment or conservative therapy.; pain; chiropractic care

&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.; 4/21/16; There has been treatment or conservative therapy.; radiating pain, numbness and weakness in upper & lower extremities;; pain management, physical therapy, & chiropractic care

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; April 2016; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Medication, physical therapy acupuncture

EMG Results:&#x0D; Study LLE unrevealing except for NR H-reflex which is nonspecific but can be seen with radicular involvement at the S1 level. No other changes noted at this 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.

pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/16/16; There has been treatment or conservative therapy.; Neck pain, radiating down arm and back pain; Chiropractic therapy

Patient had an abnormal hip mri which showed an abnormality of the lumbar.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

R/O cervical stenosis; This study is being ordered for a neurological disorder.; January 2016; There has not been any treatment or conservative therapy.; Radicular pain, weakness and paresthesia

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.

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.

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?

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pain over a month w/no improvement

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."; reduced range of motion, tore insertion of right arm, interior tear

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Torn rotator cuff

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.;

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.

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.

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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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.; Bursitis and it started as a Strain, Possible RCT

The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has had a recent bone scan.; The bone scan was normal.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient has not had a recent CT of the shoulder.

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.

"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; pain both feet

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.



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.

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.

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

This is a request for a Knee MRI.; This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; No, there is no known trauma involving the knee.; Instability; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.

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 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.

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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; headaches dizziness earaches; therapy ultrasound traction x-rays manipulation

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; headaches dizziness earaches; therapy ultrasound traction x-rays manipulation

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 05/11/2014; There has been treatment or conservative therapy.; neck pain, leg and back pain.; chiropractic care

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; january 6 2016; There has been treatment or conservative therapy.; cant move neck causing neck pain and headaches, cannot bend/move knee, uses walking aids; cervical decompression, e-stim, therapeutic exercises, manual therapy and cold laser, cervical adjustment

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 2/27/2016; There has been treatment or conservative therapy.; Radiculopathy in cervical spine, loss of feeling in right thumb, limiter ROM, rotator cuff tenderness; Chiropractic care

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.; &lt;Enter Additional Clinical Information&gt;

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.;

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.; Weakness and pain in the upper right 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 05/11/2014; There has been treatment or conservative therapy.; neck pain, leg and back pain.; chiropractic care

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 05/11/2014; There has been treatment or conservative therapy.; neck pain, leg and back pain.; chiropractic care

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

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.; 03/01/2016; There has been treatment or conservative therapy.; Acute wrist pain acute LBP; Chiropractic care

Radiology Services Denied Not Medically Necessary

Pt has difficulty walking, radiating down to left legs, can not stand or sit w/out pain can barely move at all.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 2/27/2016; There has been treatment or conservative therapy.; Radiculopathy in cervical spine, loss of feeling in right thumb, limiter ROM, rotator cuff tenderness; Chiropractic care

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.; 03/01/2016; There has been treatment or conservative therapy.; Acute wrist pain acute LBP; Chiropractic care

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."; previous shoulder surgery, re traumatized 2 wks ago.

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.; positive vegas sign, positive apprehension sign, pos yeurgson, bicep weakness, deltoid weakness and rotator cuff weakness, moderate reduction joint range of motion, internal external rotation and abduction, winging of right scapula

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 had recent plain films of the shoulder.; The plain films were normal.; There are documented findings of pain.; There are no documented findings of crepitus.; There are no documented findings of swelling.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; january 6 2016; There has been treatment or conservative therapy.; cant move neck causing neck pain and headaches, cannot bend/move knee, uses walking aids; cervical decompression, e-stim, therapuetic exercises, manual therapy and cold laser, cervical adjusment

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Newly diagnosed rectal cancer. CT abd/pel showed indeteriminate liver lesions.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

Pt has a confirmed cancer by pathology moderately differentiated gallous cell carcinoma.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Newly diagnosed rectal cancer. CT abd/pel showed indeteriminate liver lesions.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or 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.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; Per CT chest impression performed on 6/14/2016; Focus of suspected metastatic lesion in the right sub scapularis muscle is not demonstrated on this study and may be better evaluated with an MRI of the right shoulder.; The patient had a recent CT of the shoulder.; The shoulder CT was abnormal

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

CONFIRMED TUMOR THROUGH COLONOSCOPY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Pt has a confirmed cancer by pathology moderately differentiated gallous cell carcinoma.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;

This is 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 constant diarrhea

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Newly diagnosed rectal cancer. CT abd/pel showed indeteriminate liver lesions.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

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.

CONFIRMED TUMOR THROUGH COLONOSCOPY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary



Radiology Services Denied Not Medically Necessary

new pt with rectal cancer, to discuss chemo & radiation 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 not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

new pt with rectal cancer, to discuss chemo & radiation 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 not a hematologist/ oncologist.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Gregory D McNerlin is a 55 y.o. Caucasian male with a history of Merkel cell carcinoma of the right arm s/p WLE and right lymph node dissection on 4/22/15 with micrometastasis in 1 of 3 lymph nodes followed by XRT completed in June 2015, here today for f/; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Gregory D McNerlin is a 55 y.o. Caucasian male with a history of Merkel cell carcinoma of the right arm s/p WLE and right lymph node dissection on 4/22/15 with micrometastasis in 1 of 3 lymph nodes followed by XRT completed in June 2015, here today for f/; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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 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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 03/9/16; There has been treatment or conservative therapy.; dizziness vertigo; hospital in house rehab&#x0D; vertical &#x0D; dizziness  
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.

28 y/o with bilateral upper cervical pain with headaches radiating to base of occiput. Concern for C3-4 IDD; no upper limb concerns. Has spinal cord stimulator for SI joint pain.; 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.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.

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.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

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.

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

; This study is being ordered for a neurological disorder.; 01/01/2013; There has been treatment or conservative therapy.; neck and back pain; back surgery, NSAIDs, pain medication

; This study is being ordered for a neurological disorder.; about 9 years ago; There has been treatment or conservative therapy.; neck and back pain; physical therapy, NSAIDs, pain medication

; This study is being ordered for a neurological disorder.; gradually over time; There has not been any treatment or conservative therapy.; 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.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, epidural injections

N/A; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; Severe chronic lower back pain radiating into both legs with limited range of motion and tingling and numbness on both legs.; Previous physical therapy, prescription pain meds

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.

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.

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.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This is a request for cervical spine MRI; Pre-Operative Evaluation; C-spine MRI for pre-injection planning and to correlate pathology with symptomology.; No, the patient does not have new or changing neurological signs or symptoms.; It is not known if the last Cervical spine MRI was performed within the past two weeks.

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.

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.

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.

&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.; 7/29/2015; There has been treatment or conservative therapy.; chronic pain, abnormal balance and gait, wants to r/o central canal stenosis; 6 weeks of pt and medication management and hone exercise program

; 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

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.

N/A; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; Severe chronic lower back pain radiating into both legs with limited range of motion and tingling and numbness on both legs.; Previous physical therapy, prescription pain meds

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.

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.

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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 than once for these symptoms.

&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.; 7/29/2015; There has been treatment or conservative therapy.; chronic pain, abnormal balance and gait, wants to r/o central canal stenosis; 6 weeks of pt and medication management and hone exercise program  
; This study is being ordered for a neurological disorder.; 01/01/2013; There has been treatment or conservative therapy.; neck and back pain; back surgery, NSAIDs, pain medication

; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs  
; This study is being ordered for a neurological disorder.; about 9 years ago; There has been treatment or conservative therapy.; neck and back pain; physical therapy, NSAIDs, pain medicaton  
; 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

; This study is being ordered for a neurological disorder.; gradually over time; There has not been any treatment or conservative therapy.; neck and back pain  
; This study is being ordered for a neurological disorder.; over 30 years ( gradually over time); There has been treatment or conservative therapy.; neck and back pain; back surgery, pain medication, NSAIDs, muscle relaxers

; This study is 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; NSAIDs, pain medication, 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.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, epidural injections

N/A; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; Severe chronic lower back pain radiating into both legs with limited range of motion and tingling and numbness on both legs.; Previous physical therapy, prescription pain meds

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 is experiencing new or changing symptoms.; The patient has not been seen by nor is the ordering physician a neuro-specialist, orthopedist, or oncologist.

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

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)



pain history of 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.

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

; This study is being ordered for a neurological disorder.; 01/21/2016; There has been treatment or conservative therapy.; Limited range of motion, pain, instability; Physical Therapy; Anti-inflammatories; Home exercises

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient has been having right shoulder pain for a couple of months. Patient has completed physical therapy sessions. Patient has had plain xrays of the shoulder. Patient has tried OTC medicines to help with the pain.

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.

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.

; This study is 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.; bilateral knee pain; Physical therapy, pain medication, NSAIDS, muscle relaxers

None; This study is being ordered for a neurological disorder.; 04/21/2016; There has not been any treatment or conservative therapy.; Muscle spasms and knee pain  
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.

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.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

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

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

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

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.

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

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.

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.

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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 03/9/16; There has been treatment or conservative therapy.; dizziness vertigo; hospital in house rehab&#x0D; vertical &#x0D; dizziness

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 03/9/16; There has been treatment or conservative therapy.; dizziness vertigo; hospital in house rehab&#x0D; vertical &#x0D; dizziness

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2011; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is 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; pain medication, muscle relaxers, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2011; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is 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; pain medication, muscle relaxers, NSAIDs

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.

Radiology Services Denied Not Medically Necessary

&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.; 9-15-16; There has been treatment or conservative therapy.; PAIN RADIATING DOWN TO HER LEGS; INJECTIONS

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2006; There has been treatment or conservative therapy.; neck, low back and right shoulder pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, NSAIDs, ibuprofen

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; epidural injections, pain medication, NSAIDs, muscle relaxers

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; over 30 years ( gradually over time); There has been treatment or conservative therapy.; neck and back pain; back surgery, pain medication, NSAIDs, muscle relaxers

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; since 2008; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medications, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; neck and back pain; pain medications, muscle relaxers, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is 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; muscle relaxers, pain medication

Radiology Services Denied Not Medically Necessary

; This study is 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; NSAIDs, pain medication, ibuprofen

Radiology Services Denied Not Medically Necessary

; This study is 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; physical therapy, 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.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; NSAIDs, muscle relaxers, pain medication

Radiology Services Denied Not Medically Necessary

MUSCLE SPAMISC; 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.; DECREASE RANGE OF MOTION PROBLEM TO HOLD HEAD UP WITH OUT SEVERVE PAIN, NUMBNESS & TINGLEING; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

neck pain radiating down her right 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 (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.

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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Neurological deficits; presents for periscapular, neck, arm pain. Patient has history of cervical fusion of c5/6 in 2004. Positive Spurling maneuver. Cervical spine radiographs were obtained and independently reviewed. She does have evidence of prior fusion with hardware place; 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.

Radiology Services Denied Not Medically Necessary

&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.; 9-15-16; There has been treatment or conservative therapy.; PAIN RADIATING DOWN TO HER LEGS; 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.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; NSAIDs, muscle relaxers, pain medication

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Already given in other questions asked; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-8 months ago; There has been treatment or conservative therapy.; pain in left flank into his mid back. Also diffuse musculoskeletal pain in all joints including upper & lower extremities.; patient has had ct scan, physical therapy & is currently taking tramadol 50mg as needed prn.

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.; Axial thoracic pain c/w internal disc disruption at T6-7 vs T7-8 vs T5-6 vs bialteral facet joint arthrosis at corresponding levels.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2006; There has been treatment or conservative therapy.; neck, low back and right shoulder pain; pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, NSAIDs, ibuprofen

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; epidural injections, pain medication, NSAIDs, muscle relaxers

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 shoulder pain and low back pain; PT 2-3 years ago, epidural injections, pain medication, NSAIDs, muscle relaxers, ibuprofen

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; since 2008; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medications, NSAIDs



Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; neck and back pain; pain medications, muscle relaxers, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is 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.; bilateral shoulder pain and low back pain; PT 2-3 years ago, epidural injections, pain medication, muscle relaxers, NSAIDS

Radiology Services Denied Not Medically Necessary

; This study is 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; muscle relaxers, pain medication

Radiology Services Denied Not Medically Necessary

; This study is 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; physical therapy, ibuprofen

Radiology Services Denied Not Medically Necessary

; This study is 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 mid to lower back pain; NSAIDs, muscle relaxers, pain medication

Radiology Services Denied Not Medically Necessary

Already given in other questions asked; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-8 months ago; There has been treatment or conservative therapy.; pain in left flank into his mid back. Also diffuse musculoskeletal pain in all joints including upper & lower extremities.; patient has had ct scan, physical therapy & is currently taking tramadol 50mg as needed prn.

Radiology Services Denied Not Medically Necessary

bi lat lower extremity pain when standing a long time/ x ray showed intervertebral degeneration and disc disease . also shows lower lumbar facet issue; The study 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.

Radiology Services Denied Not Medically Necessary

Epidural injection in Dec. &#x0D; Radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

lumbar pain and dengenitive disc diease; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pt suffers acute pain radiating down right leg with numbness 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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

Radiology Services Denied Not Medically Necessary

TO look at displacement; 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 a neurological disorder.; 2006; There has been treatment or conservative therapy.; neck, low back and right shoulder pain; pain medication, NSAIDs

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 shoulder pain and low back pain; PT 2-3 years ago, epidural injections, pain medication, NSAIDs, muscle relaxers, ibuprofen

Radiology Services Denied Not Medically Necessary

; This study is 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.; bilateral shoulder pain and low back pain; PT 2-3 years ago, epidural injections, pain medication, muscle relaxers, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is 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.; bilateral knee pain; knee x-ray, pain medication, PT, NSAIDs

Radiology Services Denied Not Medically Necessary

; This study is 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.; bilateral knee pain; Physical therapy, pain medication, NSAIDs, muscle relaxers

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

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 steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 4/17/16; There has not been any treatment or conservative therapy.; Patient had a dirt bike accident and was injured by bike upon landing on the ground.

Patient had a fall confusion; 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.

Patient has jaw pain and several knots on her head; This study is being ordered for trauma or injury.; 5-15-16; There has been treatment or conservative therapy.; Patient has jaw pain and her head was banged several times on bed frame; Patient was given medicine for treatment

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.

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.

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.

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.

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct" Patient has jaw pain and several knots on her head; This study is being ordered for trauma or injury.; 5-15-16; There has been treatment or conservative therapy.; Patient has jaw pain and her head was banged several times on bed frame; Patient was given medicine for treatment

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.

gastro enteritis, vomiting, diarrhea, sore throat; 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.

RULE OUT PITUITARY 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.

This 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.

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.

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.

"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.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

Patient has COPD with SOB controlled with inhalers; 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.

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.

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.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

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.

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."; trauma

; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above pain radiating down the left leg from the back; 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

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

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  
The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

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

This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.  
This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

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.  
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.

patient is having neck pain, shoulder pain, 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.; 05/02/16; There has been treatment or conservative therapy.; shoulder pain, neck pain, numbness and tingling; physical therapy, cyclobenzaprine, norco, indomethacin



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.

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?

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

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.

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.

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

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

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.

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.

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.

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 4/17/16; There has not been any treatment or conservative therapy.; Patient had a dirt bike accident and was injured by bike upon landing on the ground.

3 plus blood in her urine, 1 plus Bilirubin in her urine, 2 plus protein; 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 bilirubin.

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.

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.

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Lymphadenopathy.; Other

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.; Previous hernia

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; No bowel movement for 3 weeks

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

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

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.; There are no physical findings or abnormal blood work consistent with peritonitis or abdominal abscess.; patient is pregnant, motor vehicle accident

abnormal EKG; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

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).

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.

patient has had dizziness for 2 weeks.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

headache and paresthesia; This study is being ordered for a neurological disorder.; 03/21/16; There has been treatment or conservative therapy.; headache, upper extremity and lower extremity paresthesia; medrol

Radiology Services Denied Not Medically Necessary

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Unknown; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 05/04/2016; There has been treatment or conservative therapy.; Injury; medication , PT

Radiology Services Denied Not Medically Necessary

; This study is being ordered 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.;

Radiology Services Denied Not Medically Necessary

headache and paresthesia; This study is being ordered for a neurological disorder.; 03/21/16; There has been treatment or conservative therapy.; headache, upper extremity and lower extremity paresthesia; medrol

Radiology Services Denied Not Medically Necessary

patient is having neck pain, shoulder pain, 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.; 05/02/16; There has been treatment or conservative therapy.; shoulder pain, neck pain, numbness and tingling; physical therapy, cyclobenzaprine, norco, indomethacin

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 05/04/2016; There has been treatment or conservative therapy.; Injury; medication , PT

Radiology Services Denied Not Medically Necessary

; This study is being ordered 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.;

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.

Radiology Services Denied Not Medically Necessary

pin progressively worsens and radiates to neck and down arm; 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.

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 and weakness in shoulder with everyday activities, pain with and without movement

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.; Trauma May 23, 2016. Bruising of right bicep, popped a bicep tendon. Weakness. Pain. Looking for a Bicep tendon tear.

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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

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

Hypercalciuric hypercalcemia of hypercalcemia occurring for 1 year; 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.

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.

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.

"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of infection or abscess

"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

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This 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).



&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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).

follow up of known Pituitary microadenoma:&#x0D; -Small adenoma 3mm; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

for surgery; 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.

Pt came in for evaluation of low testosterone. He has painful gynecomastia. Pt has a low T of 211 (250-827), and low LH 1.3 (1.5-9.3). Dr. Matwijiw would like to rule out pituitary tumor for the cause of the low testosterone before starting therapy.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Pt is a 16y/o male with a flat growth curve. His GH is -0.1, and IGF -0.8. Dr. Matwijiw is concerned that the pituitary could be causing these decrease numbers.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

This request is for a Brain MRI; It is unknown if the study is 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.

This 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

This request is for a Brain MRI; The study is NOT 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.

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.

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.

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.

This request is for a Brain MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; 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 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.; 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.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.; 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.

"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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; Caller does not know if there is a known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.

; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Kidney; The patient did not have an Ultrasound.

Elevated Aldosterone, CT to eval adrenal glands.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

EVALUATE ADRENAL GLANDS; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

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.

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.

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

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

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

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 symptoms suggestive of hypoglycemia. She has recently obtained a glucose meter, and she has blood glucose levels in the 60s when she is having symptoms. Symptoms are occurring several times per week, and occur in the fasting state as well as later

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.; It is unknown if the patient had a negative whole body I-131 scan.; The patient has Thyroid cancer.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "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.

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

Radiology Services Denied Not Medically Necessary

Head trauma loss of consciousness; 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.

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.

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."; The study is requested for headache.

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.

This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.

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.

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.

There is an immediate family history of aneurysm.; This is a request for a Brain MRA.

This request is for a Brain MRI; The study is NOT being requested 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.



This request is for a Brain MRI; The study is NOT being requested 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.

"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.

"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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 12/2015; There has not been any treatment or conservative therapy.; Fatigue , weight loss , & N&V.  
; 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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

Major weight loss; weighing 97-99lbs; history of alcohol abuse; suspicious for metastasis to his ribs and spine.; "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.

Metastatic ca; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Mr Harrison is a 59 y/o male who underwent EUS for a pancreatic cyst who is here for a follow up. He denies any symptoms.&#x0D; &#x0D; &#x0D; He underwent EUS with FNA on 4/7/16:&#x0D; EUS:&#x0D; Large multiloculated cyst noted in the proximal body and neck of the pancreas measur; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Patient admits having abdominal pain and tenderness. Colonoscopy procedure revealed a large colonic mass. Malignancy and metastasis has to be ruled out completely.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Pt is a 59yo F with h/o HTN, anxiety, chronic back pain, and HCV presenting for treatment of her hepatitis C. She states she knew of the diagnosis and guesses that she likely contracted it several years ago when she used IV drugs. She complains of chronic; This study is being ordered for Inflammatory/ Infectious Disease.; Pt is a 59yo F with h/o HTN, anxiety, chronic back pain, and HCV presenting for treatment of her hepatitis C. She states she knew of the diagnosis and guesses that she likely contracted it several years ago when she used IV drugs. She complains of chronic; There has not been any treatment or conservative therapy.; abdominal pain, unexpected weight change, appetite change

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

; 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.

INFLAMMATORY BOWEL DISEASE-IBD; FURTHER DIAGNOSTIC EVALUATION  
& ABNORMAL FINDING ON DIAGNOSTIC IMAGING OF OTHER REGION  
INCLUDING RETROPERITONEUM; UNABLE TO VISUALIZE THE LOOPS OF SMALL  
BOWEL IN THE PELVIS ON CT ABDOMEN STUDY; 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.

This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

afptm protein very high. checking for cancer.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

ct scan 6months prior the reveals a cysts, as recommended the req is to follow up on the prev exam; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

EGD that was native upper gastric pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

has nausea; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

previous CT scan in Dec 2015 showed a mass in the liver; 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.

R/o intra abdominal mass/tumor.&#x0D; &#x0D; Generalized abdominal pain&#x0D; RLQ abdominal mass&#x0D; RLQ abdominal pain&#x0D; Family hx of colon cancer; 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 symptoms including hematuria.

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.

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.

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.

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.

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.

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.

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.

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.

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.

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.

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. upper gastric 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

This is a request for CT Angiography of the Abdomen and Pelvis.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 12/2015; There has not been any treatment or conservative therapy.; Fatigue , weight loss , & N&V. ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.

1. Follow Up of Diarrhea &#x0D; 48-year-old Caucasian female followed by Dr. Ellison&#x0D; LOV 2/5/2016 on referral for hepatitis C&#x0D; Liver biopsy showed grade 1, stage I disease&#x0D; She didn't perform laboratory work ordered by Dr. Ellison the day of her visit&#x0D; Back ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.

Abd 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.



Generalized abdominal pain; RLQ abdominal mass; RLQ abdominal pain; Family hx of colon cancer; R/o intra abdominal mass/tumor.; This is a 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.

had colonoscopy which was normal patient is having guarding and tenderness upon physical examination also having bleeding trying to r/o gi bleed; This is a 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.

Major weight loss; weighing 97-99lbs; history of alcohol abuse; suspicious for metastasis to his ribs and spine.; 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.

Metastatic ca; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Mr Harrison is a 59 y/o male who underwent EUS for a pancreatic cyst who is here for a follow up. He denies any symptoms.; He underwent EUS with FNA on 4/7/16.; EUS; Large multiloculated cyst noted in the proximal body and neck of the pancreas measur; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Nausea and generalized abdominal pain. Also has umbilical/incisional 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 abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.

Patient admits having abdominal pain and tenderness. Colonoscopy procedure revealed a large colonic mass. Malignancy and metastasis has to be ruled out completely.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Pt is a 59yo F with h/o HTN, anxiety, chronic back pain, and HCV presenting for treatment of her hepatitis C. She states she knew of the diagnosis and guesses that she likely contracted it several years ago when she used IV drugs. She complains of chronic; This study is being ordered for Inflammatory/ Infectious Disease.; Pt is a 59yo F with h/o HTN, anxiety, chronic back pain, and HCV presenting for treatment of her hepatitis C. She states she knew of the diagnosis and guesses that she likely contracted it several years ago when she used IV drugs. She complains of chronic; There has not been any treatment or conservative therapy.; abdominal pain, unexpected weight change, appetite change

Pt suffers with Chron's disease of small bowel and rectal bleeding; change of bowel habit, nausea & vomiting ; stomach cramps; abdominal swelling.; This is a 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.

Pt with hx of upper Abd pain for the past few years and now with a hernia in the RUQ that was palpated by the physician need to eval via CT due to the pt may need surgical 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.; It is unknown if the patient had an Amylase or Lipase lab test.

pt. having pain for 13 years, distention and lower left abdomen tenderness; 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.

rebound tenderness in lower quad right and left; 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.

rule out appendicitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.

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.

This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.

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.

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

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

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.

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.

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

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

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

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.

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.

This is 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 an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt; Patient had abdominal pain and heart burn.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;NO

This is 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, appendicitis

This is 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, epigastric pain, swollen abdomen. nausea, vomiting, reflux, constipation, rectal bleeding, cramps, change in bowel habits, hematuria but ua not showing it, weight gain,

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Adhesions stenosis colonic loop

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; BRIGHT RED BLOOD IN STOOLS, OCCASIONAL DIARRHEA

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; bypassed

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Chronic LLQ pain; had EGD and colonoscopy which both were normal

This is 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, RLQ ABD PAIN, CHILLS, WORSENING OF ABD PAIN, NAUSEA, VOMITING, CHILLS, CHANGE IN STOOLS, EVALUATION OF SEVERITY OF CROHNS, R/O OBSTRUCTION.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; fistula

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; generalized abdominal pain; negative US; recurrent fever

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; iron deficiency rectal bleeding

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; large Para esophageal hernia

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; patient came in 5/20 because she was having constipation, nausea, vomiting, and left lower quad pain symptoms started after started taking farxiga & lantus for diabetes takes miralax to increase fiber went to ER did EKG lower ab pain started month ago upo

This is 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 questionable chrohns disease

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Pt having abd pain. Hx of pelvic pain, previous Hx of total colectomy. Concern for stenosis

This is 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 that she had sphincter of oddi dysfunction

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; weight loss 55 pounds In six months, diverticulitis's ,nausea, diarrhea

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

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

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

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 R lower quadrum.

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 RUQ pain that radiates to his back. He has abdominal tenderness with palpation. He also complains of rectal pain and diarrhea. Wanting to rule out a mass in RUQ.



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; possible diverticulitis

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases

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.; Caller does not know if there is a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; &lt;Enter Additional Clinical Information&gt;

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

This is a 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 abnormal.; The patient is 50 years or older. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

; This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.

33 year old female patient w/ abnormal MRCP, lesion found 4.2 cm; This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.

HISTORY OF METASTATIC BREAST CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Mr Harrison is a 59 y/o male who underwent EUS for a pancreatic cyst who is here for a follow up. He denies any symptoms.; He underwent EUS with FNA on 4/7/16.; EUS: Large multiloculated cyst noted in the proximal body and neck of the pancreas measur; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

serum tumor marker level; 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.

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 liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.

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.";

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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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."; crohns ileocolitis per pt hx x more than 9 yrs, non-adherent w meds for several of these yrs.; Pt's use of Humira continues to be sporadic and of therefore questionable benefit.; CRP 99 confounded by recent pericarditis episode.; Some theoretical concerns

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."; Patient has a fatty liver with gallstones, abdominal pain with bloating and constipation.

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."; pt had recent labs drawn and total bilirubin was 1.9. pt denies jaundice, clay colored stools, alcohol use or dark urine

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."; To evaluate Crohns disease

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

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."; Will get MRE to look for any small bowel disease, scheduled on 7/27/2016

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."; cirrhosis of liver and right lobe liver nodule

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."; FU from 10-5-15 MRI that noted a 5mm Pancreatic Cyst on the head of pancreas

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."; Patient is status post liver transplant with diagnosis of HCV and HCC. Imaging is to evaluate possible reoccurrence of HCV and HCC. Biospy to follow imaging.

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";

This 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."; Mr. Teddy D Baker came to clinic today to continue his follow up regarding the following problems: &#x0D; &#x0D; Laennec and HCV decompensated cirrhosis, with long standing history of alcohol abuse, last drink 12/18/2015, with MELD 12 and CPT B7, decompensated wit

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.

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.";

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 newly diagnosed with hepatocellular carcinoma being evaluated for a liver transplant. Imaging is for staging of HCC.

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.;

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.; Cirrhosis, etiology unknown. I was unclear of presence of cirrhosis based on prior history, but exam and Fibroscan confirm this. Thus, next steps are to screen for HCC. In light of patient's elevated alk phos, will proceed with MRI (with hopes that pt wil

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.; Mr. Gadi is a 45yo Indian Male with a PMH of extensive portal venous system thrombosis complicated by gastric/esophageal varices as well as chronic thrombocytopenia comes to reestablish care with UAMS GI/Hepatology. He has had no apparent progression of c

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.; possible liver transplant , spline is massively enlarged , monitor for HCC  
This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; Surgery is planned for within 30 days.

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.";

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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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."; MRI Impression 8/27/15  
1 Previously identified 9MM arterially enhancing lesion in segment VII is not seen on today's examination and is most likely consistent with a perfusion abnormality no other focal mass lesions are identified in the liver. 2 Splenomen

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient had a ct scan that showed liver cysts and they stated a further MRI would be great to determine further treatment

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 recent CT that was WNL. CA19-9 was very elevated at 110.4 and pt has h/o cirrhosis

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; the patient had a CTA done showing fatty infiltration of the liver. There is a hypervascular nodule. There is also a tiny nodule arising from the lateral limb of the right adrenal gland. This also showed a small hemangioma.

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

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.; "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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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."; 4.2 cm Liver lesion

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."; Evaluate hepatic mass.

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."; Mr. Blankenship was evaluated by Liver transplant with Dr. Deneke in 9/2015, not eligible at that time due to low MELD. He continue to follow with Dr. Mcelreath and on recent MRI there is possible infiltrating, ill defined mass in the right lobe of the li



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 an MRI Abdomen performed on 12/26/15 that did not show hepatocellular carcinoma but this is a 6 month recheck since his AFP is elevated.

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."; liver lesion

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."; pt has chronic HEP c for 20 years with vikera pack but had stop because of side effects. &#x0D; dr palpitated a mass over the liver. He was on interferon but got no results

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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.

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.

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.;

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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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.; 20 y/o M, with + f/h of UC (mother), diagnosed with UC (Pancolitis per Colonoscopy in 10/2013) and biopsies re-read at UAMS and proven to be chronic UC, f/u for management. Patient is intolerant to Sulfa (allergic), 5-ASA (abdominal pain despite change of

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Follow up evaluation

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 has liver lesion c/o right upper quadrant pain, MDO wants to re-evaluate.

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 common causes of liver disease

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 hepto cellular carcinoma

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 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 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

To further evaluate mass seen on pancreas.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unsure. First seen on ultrasound 6.22.16.; There has not been any treatment or conservative therapy.; Unknown

; 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.

ABD Pain; 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.

CONSTIPATION AND CHANGE IN BOWEL HABIT; 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.

This is a request for CT Colonoscopy for screening purposes only.

Patient is currently being evaluated for possible listing for a liver transplant pending test results.; This is a request for a CT scan for evaluation of coronary calcification.

Patient is currently being evaluated for possible listing for a liver transplant. Testing is to evaluate cardiac abnormality as seen on EKG.; This is a request for a CT scan for evaluation of coronary calcification.

Patient with coronary artery disease due to calcified coronary lesion, imaging is to determine rather patient can be evaluated for listing for a liver transplant.; This is a request for a CT scan for evaluation of coronary calcification.

Pt had a colonoscopy 6 months ago that came back w/ high dysplasia but the polyp was completely removed and 6 months later did a f/u and it is now a full blown invasive adenocarcinoma; This study is being ordered for a metastatic disease.; There are 2 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 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Heartburn, pain; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

HISTORY OF METASTATIC BREAST CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Mr Harrison is a 59 y/o male who underwent EUS for a pancreatic cyst who is here for a follow up. He denies any symptoms.&#x0D; &#x0D; &#x0D; He underwent EUS with FNA on 4/7/16:&#x0D; EUS:&#x0D; Large multiloculated cyst noted in the proximal body and neck of the pancreas measur; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

R/O chronic pancreatitis; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

The symptoms began 1 month ago and generally lasts 1 Month. The symptoms are reported as being mild. The symptoms occur randomly. He had some intermittent abdominal pain with shortness of breath. Reports recurrent bloating in the mid gastric region. A C; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

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.

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.

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.

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. To further evaluate mass seen on pancreas.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unsure. First seen on ultrasound 6.22.16.; There has not been any treatment or conservative therapy.; Unknown

UNKNOWN; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

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.

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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

&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.; 3/7/2016; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient is status post liver transplant with diagnosis of acute respiratory failure.; "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.

Radiology Services Denied Not Medically Necessary

There is not a known inflammatory disease.; There is not a known tumor.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "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.

Radiology Services Denied Not Medically Necessary

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

Abnormal liver function test, Liver Disease, Platelet count below reference range, pt is diabetic; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

Cirrhosis of the liver. Study is for surveillance of the disease. 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 Hepatic Cysts; 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.

Radiology Services Denied Not Medically Necessary

US showing upper limits of normal on liver as well as elevated lipase; 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 This is a request for CT Angiography of the Abdomen and Pelvis. Yes, this is a request for CT Angiography of the abdomen.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

Radiology Services Denied Not Medically Necessary

&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.; 3/7/2016; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary



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 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.

Radiology Services Denied Not Medically Necessary

; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.

Radiology Services Denied Not Medically Necessary

Abdominal pain, negative ultrasound, negative endoscopy; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.

Radiology Services Denied Not Medically Necessary

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 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.

Radiology Services Denied Not Medically Necessary

He is having rebound tenderness in lower quadrant in pubic area; 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.

Radiology Services Denied Not Medically Necessary

Persistent anemia with negative GI workup, EGD and colonoscopy that were both normal and MD wants to scan her small intestines.; 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.

Radiology Services Denied Not Medically Necessary

pt has been in ER; This is a 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.

Radiology Services Denied Not Medically Necessary

The patient was first notified of elevated aminotransferases in 2013 (June 2013 - AST/ALT - 450/350, ALP 75, TP 9.1). He was having night sweats, fever and slow wt loss at that time; hence, he was admitted to JRMC for further w/u, esp to r/o TB and cancer; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.

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.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor;

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;

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; &lt;Enter Additional Clinical Information&gt;

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, observation

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 complains of pain in epigastric region and lower abdomen. Complains of nausea and vomiting. Patient also had Hepatitis C. He has had a 50 lb weight loss in the last year.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt suffers with elevated liver enzymes.

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; UPPER GASTRIC PAIN

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; Weight loss, pain, r/o cancer / mets

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

Radiology Services Denied Not Medically Necessary

VENTRUAL HERNIA, ABDOMINAL PAIN, PERIPHERAL ADEMA, CONSTIPATION, DIARREAH, NAUSEA; This is a 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.

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for Inflammatory/ Infectious Disease.; 2004; There has been treatment or conservative therapy.; Pt c/o L lower quad pain. Bloating, diarrhea, chronic abd pain.; Rx

Radiology Services Denied Not Medically Necessary

Pt had a colonoscopy 6 months ago that came back w/ high dysplasia but the polyp was completely removed and 6 months later did a f/u and it is now a full blown invasive adenocarcinoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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.; Patient has cirrhosis and hepatitis c. He has been complaining of RUQ abdominal pain for about 1 month with no relief. Patient has had extensive work-up but unable to find source for pain.

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.; post liver transplant evaluation

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.; post op eval after several biopsy from OSF

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for Inflammatory/ Infectious Disease.; 2004; There has been treatment or conservative therapy.; Pt c/o L lower quad pain. Bloating, diarrhea, chronic abd pain.; Rx

Radiology Services Denied Not Medically Necessary

This is a request for a MR Angiogram of the abdomen.

Radiology Services Denied Not Medically Necessary

pain , elevated amylase and lipase; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Radiology Services Denied Not Medically Necessary

r-out idiopathic pancreatitis: caller confirmed amylase and lipase lab work has not been performed; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

This is a request for a temporomandibular joint MRI.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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; Doctor is looking for a bleed

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 6/1/2016; There has been treatment or conservative therapy.; Extreme vertigo and nausea, headache, and tachycardia.; Patient has had Phenergan, Meclizine, Zofran.

&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.; 3/2/2016; There has not been any treatment or conservative therapy.; headache and blurred vision

&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.; 6/20/2016; There has not been any treatment or conservative therapy.; Syncope, hypotension, and dizziness

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; none; There has been treatment or conservative therapy.; none; Pain medications

; 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 vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

; 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

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/11/2016; There has been treatment or conservative therapy.; HEADACHE ON LEFT SIDE WITH NAUSEA AND SINUS CONGESTION.; ANTIBIOTICS&#x0D; AMOXIL ON 02/11/2016&#x0D; LEVAQUIN ON 02/15/2016&#x0D; &#x0D; OTC ANTIHISTAMENE&#x0D; &#x0D; FLONASE

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

According to pt she has been prescribed several different pain medications for migranes and nothing has ever brought her relief. Pt reports she has also been seen by a specialist in the past for migranes and she desires a second opinion from a different ; 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.

acute confusion, altered mental status.; 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

acute onset of h/a; 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.

bell's palsy suspected; 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

Benign paroxysmal positional vertigo, Syncope, 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

c/o dragging in her left leg for the last few months; history of cadz; 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

Chronic Migraine Headaches not relieved by medication.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

Danna reports requesting CT due to facial numbness.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.



diabetic (a1c- normal) whiteness seizure/ no Hx of seizure/ Lethargy/; 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.

Epilepsy, new onset seizures.; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.

follow up on ct done prior to being abnormal from accident in 2015; This study is being ordered for trauma or injury.; 2015; There has not been any treatment or conservative therapy.; headaches, abnormal ct of had, right hip pain, had this for several weeks right numbness down to he feet from her face complete right side body numbness; 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; ct is operate

Having headache from old head trauma.; 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."; The study is requested for headache.

Head injury from fall-fell around noon yesterday-at her home thinks she tripped over a crack in the concrete but really is not sure . Patient still not feeling well.; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.

Head trauma R/O bleed; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for recent head trauma or injury.

Headache is severe and chronic.; 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.

headache; 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; ct is less expensive, show stroke if needed

headaches and RLQ abdominal pain; This study is being ordered for trauma or injury.; He has had this since injury in 2013; There has been treatment or conservative therapy.; persistent headaches and abdominal pain; Patient has been taking butalbital/apap/caffeine but this makes him feel weird. States it makes him feel dizzy and really agitated.

headaches/hypertension/bilateral eye pain/head trauma; 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."; The study is requested for headache.

history of aneurysm/surgery and neurological issues; This study is being ordered for a neurological disorder.; patient surgical history-AVM surgery 11/2007, shunt placement 01/2008, removal AVM 03/2008 and current diagnosis-severe headache; It is not known if there has been any treatment or conservative therapy.; persistent headache history of cancer, sudden severe 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.

INTRACTABLE Migraines &#x0D; The severity of the problem is mild. The problem is improving. The symptoms are intermittent. Locations affected include entire head. Headache timing includes upon wakening. Symptoms are not associated with recent head traum; 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.

LEFT SIDED PARETHESIA, PARETHESIA TO LEFT LEG, NUMBNESS AND TINGLING TO LLE AND LEFT ARM. LOSS OF GRIP AND STRENGTH TO LEFT ARM. TINGLING TO LEFT SIDE OF FACE; 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

light sensitivity nausea and sensitivity to noise; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

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

MVA- SINGLE OCCUPANT- HIT DITCH 1.CONCUSSION&#x0D; 2.VISION CHANGES&#x0D; 3.RINGING IN EARS&#x0D; 4.MYALGIAS&#x0D; 5.CRAMP OF LIMBS&#x0D; 6.TORTICOLLIS&#x0D; 7.ABD WALL TENDERNESS&#x0D; &#x0D; 2.SYNCOPE WITHOUT WARNING; This study is being ordered for trauma or injury.; 06/15/16; There has not been any treatment or conservative therapy.; MVA- SINGLE OCCUPANT- HIT DITCH 1.CONCUSSION&#x0D; 2.VISION CHANGES&#x0D; 3.RINGING IN EARS&#x0D; 4.MYALGIAS&#x0D; 5.CRAMP OF LIMBS&#x0D; 6.TORTICOLLIS&#x0D; 7.ABD WALL TENDERNESS&#x0D; &#x0D; 2.SYNCOPE WITHOUT WARNING

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.; None.

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.; 2/23/2016; There has been treatment or conservative therapy.; Pt is experiencing headache and sinus congestion; Sinus RX and ibuprophen.

Numbness in hands, feels hot with hands, and cannot tell what is in his hands because he cannot tell how much weight.; 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

numbness to left side face, dizzy, blurred vision.; 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.

obese patient with bloody stools, abd pain, family hx of cancer, abnormal weight loss; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

over age 40, red flag symptoms, new onset of headache which is intractable, headache for 6wks not relieved by medication; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.

Patient complains of knee pain. Primary joints affected include left knee. Aggravating factors include car wreck. Associated symptoms include headache, low back pain. ER did x-ray. No broken bones. ; 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."; The study is requested for recent head trauma or injury.

Patient fell down steps and hit her head on concrete steps.; 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.

patient has a headache with nausea; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.

Patient has a personal history of lymphoma and breast cancer. She is in the process of changing oncologist. Her 6 month scans are due.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

patient has been having on going memory loss, confusion, forgetting easily.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Patient has breast cancer and this new onset of memory loss with delay in recall; insomnia, with some dizzy spells. Family of stroke and possible aneurysm.; 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.

Patient has dizziness and new onset of vertigo; 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

Patient has dizziness, fainting, and vertigo; 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

patient has had a headache with nausea since mva. patient hit head, but did not have loc; 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."; The study is requested for recent head trauma or injury.  
patient has had headaches at night for approximatley 1 month; 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.

Patient has had headaches for the past 5 years now. She never had them as a child. Over the past two years they have prolonged, bilateral and never in the same spot. She can hardly function when she has these headaches and even has forgotten what she did ; 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.

patient has loss of consciousness, dizziness, and nausea; 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; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered

Patient has room spinning dizziness, headache, blurred vision, nausea x's 1 month; 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.

Patient has severe neurological changes involving the right side.; 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

Patient is also having 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 chronic or recurring.

patient is having unexplained facial muscle weakness.; 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.

PATIENT PRESENTS TO CLINIC WITH SEIZURES. PATIENT STARES INTO SPACE AT TIMES FOR 20 MINUTES OR SO AND IS CONFUSED AFTERWARDS.; 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.

Patient thinks she had a mini stroke Saturday due to face drooping, states she had a bad headache the day before, it didn't last long but patient has concerns, also c/o tingling in toes.; 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

Patient was at home working on the saw table and the saw jammed and a piece of wood hit him on the right side of the face and head.; This study is being ordered for trauma or injury.; 04/02/2016; There has not been any treatment or conservative therapy.; Patient complaining of aching and throbbing to the face and head. Patient presented with bruising and swelling to the right side of the face and head.

patient was physically abused last night/ bruised all over from waist up.; 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.

PATIENT WITH HISTORY OF PAST DIZZY EPISODE IN NOVEMBER WITH NO FALL OR PAIN AT THAT TIME. TODAY HE RETURNS WITH 2 WEEK HISTORY OF DIZZINESS AND A FALL 3 DAYS AGO. NO FEVER, HEADACHE, NASUEA, OR PAIN. LOOKING UP MAKES IT WORSE; 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

Pt c/o severe onset of headache, worst headache of her life; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

Pt comes in to establish care. She also has had one episode of dizziness with loss of consciousness on Sunday. She stated that she was walking to her kitchen Sunday afternoon, she felt the room go dark and the next this she remembers is being on the floor; 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



Pt hit her head @ 6weeks ago, she is not having loss of balance, and walking towards one side; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.

Pt reports was knocked out and had vision loss for 3-4 days.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

R/O Arnold Chiari malformation; 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.

Reports he doesn't check his blood pressure at home. No tinnitus, no dizziness, headaches last a few hours, improves with laying down in the dark. No nausea, some photophobia and phonophobia; 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.

right side weakness/ pain; 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

right sided weakness in both right arm and leg. She is having weakness in ehr left arm.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

severe headache and drowsiness after 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.

She presents with headache. hit head on glass door &#x0D; Patient to be evaluated for headache. Onset was approximately two weeks ago. The location is primarily frontal and nose. It does not radiate. Ms. HAMILTON denies having significant prior headaches.; 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.

she stood up and walked into the kitchen, she was getting something out of a cabinet and started getting really hot and felt like she was in a tunnel. The next thing she knew she was on the floor and was jerking around. She was aware it was happening beca;  
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.

showing sign and symptoms of strokes, words are slurred.; 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

slurred speack several day stuttering possible TIA History of TIA 6 to 7 days on this episode TIA in past /; 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

slurred speech change in mental status right sided weakness; 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  
sudden lose of consciousness; weakness; dizziness; numbness; pinched nerve in c-spine; 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; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered

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 sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

The patient was hit in the head with a tree limb and is having severe headaches and dizziness.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

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."; The study is requested for recent head trauma or injury.

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.

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.

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.

This is a request for a brain/head CT.; The study is requested for history of stroke, (CVA) known or follow-up.

This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

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.

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."; The study is requested for headache.

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.

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."; The study is requested for headache.

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.

This is a request for a brain/head CT.; This is a request for a brain/head CT.; The study is requested for history of stroke, (CVA) known or follow-up.; The study is requested for history of stroke, (CVA) known or follow-up.

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."; The study is requested for headache.; The study is requested for headache.

This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.

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.

This is the worse headache the patient has ever had. It is incapacitating, constant and involves the entire 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."; The study is requested for headache.

UNKNOWN; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

unknown; This study is being ordered for a neurological disorder.; 2 to 3 months now without relief from ear drops and antibiotics; There has been treatment or conservative therapy.; left ear fullness and left facial numbness that goes into the left neck; use of ear drops, antibiotics to rule out ear infection, use of nasal sprays to treat sinus issues, no relief

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.; 04/15/2016; There has not been any treatment or conservative therapy.; unknown

UNKNOWN; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; HEAD AND NECK PAIN Vertigo since September 2015. Dizziness is getting worse, Meclizine is not working as it used to. Patient has never had a CT brain performed. Occasional headache; 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

vomiting and stiff neck; 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."; The study is requested for headache.

Will AFx; 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.

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";  
"There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"  
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 suspected Acoustic Neuroma or tumor of the inner or middle ear.

This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are not neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is a pre-operative evaluation for a known tumor of the middle or inner ear.

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

"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"

"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"

"This request is for face, jaw, mandible CT.239.8"; "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; "There is a history of serious facial bone or skull, trauma or injury.fct"

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 6/21/16; There has been treatment or conservative therapy.; swelling neck pain; medication

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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)

&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.; 3/2/2016; There has not been any treatment or conservative therapy.; headache and blurred vision

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

; This study is being ordered for Inflammatory/ Infectious Disease.; 03/22/2016; There has been treatment or conservative therapy.; He has had a week history of worsening sinus congestion/pressure and cough.; It is running high today and may be because he is feeling sick and taking OTC sinus medications. He has had a week history of worsening sinus congestion/pressure and cough; Sinusitis. Treat with abx and Flonase. Proper use of and importance of Flonase dis

; 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

; 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

; 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

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;



chronic sinusitis, chronic cough, fever of unknown origin, Rt hemicephalgic; This study is being ordered for Inflammatory/ Infectious Disease.; fever off/on since nov 2014 recent headache comes on with the fever.; There has been treatment or conservative therapy.; headache fever weakness lack of appetite; medication doxycycline monohydrate 100 mg

Consistent with possible abscess vs salivary gland inflammation vs enlarged lymph node vs other; will get CT scan given severity of pain and can not even open mouth and how much swelling there is in just one days time and possible fevers at home with it; "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.

Enter answer here - or Type In Unknown If No Info Given Pt has had trauma to Lt eye after being hit with golf club states had some dizziness after this has happened.; "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.

Lt sided 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.

MIGRAINE HEADACHES FOR THE PAST SEVERAL WEEKS AND MULTIPLE 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

Occurred last night, fell forward and hit her face on end of sleep number bed , neck got jammed when it happened, just a lot of pain in neck and shoulders and facial area; This study is being ordered for trauma or injury.; 04/13/16; There has not been any treatment or conservative therapy.; Patient nose maybe broke , nose is swollen , eyes are black , back , shoulders and neck hurt.

PATIENT COMPLAINT OF CHRONI HEAD,PRESSURE WITHOUT RELIEF; 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.

Patient had mri of brain and mucosal wall thickening was found. Needs CT to determine exactly what is going on; 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.

Patient has deviated septum, also suffers from sleep apnea, also has sinus issues. Patient is being referred to ENT, and this specialist requires high tech imaging before he will see the patient. Patient has an appointment in June.; 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.

patient has had jaw pain for two years but now feels like something is wrong with lower jaw because of extreme pain; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.

Patient to be evaluated for ear ache. &#x0D; Ms. Harrison complains of bilateral ear pain. Associated symptoms include drainage from the left ear, left side of head headache, tinnitus and sinus pressure. She denies cough, diminished hearing, external ear 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 (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

Patient was at home working on the saw table and the saw jammed and a piece of wood hit him on the right side of the face and head.; This study is being ordered for trauma or injury.; 04/02/2016; There has not been any treatment or conservative therapy.; Patient complaining of aching and throbbing to the face and head. Patient presented with bruising and swelling to the right side of the face and head.

Patient was first seen 12/3/2015 for an acute sinusitis. She was prescribed cefuroxime axetil and given a depo-medrol shot, pt also had bronchitis. She has been seen 5 times since then for the same sinusitis symptoms with no improvement even after round; 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)

Pt has Thoracic aorta 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.; 05/10/2016; There has been treatment or conservative therapy.; Pt has sinus drainage, pain and sinus pressure. T-spine chronic upper back pain. MPI chest pain with hx of hypertension and cardiac hx; SINUSITIS prescribed ABX and lab work

pt. has thyroid cancer. with mets to lymphnodes dx in 2015; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised. She complains of right maxillary sinus pain for the past year that has not improved; with 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)

sore throat, difficulty swallowing (dysphagia), sinus pressure, Acute sinusitis, nose/sinus problems; 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  
This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.

This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.  
This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.

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)

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)  
This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

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)

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)

trauma, 6/22/16; "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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 6/21/16; There has been treatment or conservative therapy.; swelling neck pain; medication  
; 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.  
; 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.; April 6, 2016; There has been treatment or conservative therapy.; ;

High fever, sore throat, antibiotics not helping, all tests are negative (mono/ strep).; 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.

Large palpable 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.; A few weeks for both palpable masses; There has not been any treatment or conservative therapy.; hard mass at right anterior base of his neck extending down to right upper chest wall&#x0D; large right anterior chest mass that is non tender to touch and non movable mass is getting larger; 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.

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.; None.

r/o 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.

the patient has had difficulty breathing for 1 week when lying down.; 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.

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.

This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.

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.

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.

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.

throat 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.

unknown; This study is being ordered for a neurological disorder.; 2 to 3 months now without relief from ear drops and antibiotics; There has been treatment or conservative therapy.; left ear fullness and left facial numbness that goes into the left neck; use of ear drops, antibiotics to rule out ear infection, use of nasal sprays to treat sinus issues, no relief

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2016; There has not been any treatment or conservative therapy.; Neck pain, swollen lymph nodes in neck

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 5-20-16 found on a ultrasound; It is not known if there has been any treatment or conservative therapy.; Subclavian steal syndrome

; This study is being ordered for Vascular Disease.; 6/2006; It is not known if there has been any treatment or conservative therapy.; whooshing sound in right ear

abnormal imagings of MRA HEAD; This study is being ordered for Vascular Disease.; 04/04/2016; There has not been any treatment or conservative therapy.; She actually comes in due to occasional headaches. She states she had one in 2003 where she felt a pop in her head. She had acute confusion. She states she was dx with a TIA. She missed 3 months of work. Last Saturday, she felt the pop again. Her sp

history of aneurysm/surgery and neurological issues; This study is being ordered for a neurological disorder.; patient surgical history-AVM surgery 11/2007, shunt placement 01/2008, removal AVM 03/2008; current diagnosis-severe headache; It is not known if there has been any treatment or conservative therapy.; persistent headache  
Yes, this is a request for CT Angiography of the brain.



&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 5-20-16 found on a ultrasound; It is not known if there has been any treatment or conservative therapy.; Subclavian steal syndrome ; This study is being ordered for Inflammatory/ Infectious Disease.; ; 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.; 6/4/16; There has been treatment or conservative therapy.; Chest pain, fatigue, pain & swelling in arm.; Bloodthinners

; This study is being ordered for Vascular Disease.; 6/2006; It is not known if there has been any treatment or conservative therapy.; whooshing sound in right ear

abnormal imagings of MRA HEAD; This study is being ordered for Vascular Disease.; 04/04/2016; There has not been any treatment or conservative therapy.; She actually comes in due to occasional headaches. She states she had one in 2003 where she felt a pop in her head. She had acute confusion. She states she was dx with a TIA. She missed 3 months of work. Last Saturday, she felt the pop again. Her sp

Doppler Study showed critical carotid stenosis. Considering the severity of this,Surgery is eminent in the very near future and further work up on his chest pain is needed to make sure he is stable enough for the surgery.; This study is being ordered for Vascular Disease.; presented to office 6/8/16 with lower extremity swelling,pain and weakness. Chest pain (pressure) on exertion. Carotid bruit on the left. Doppler study showed critical carotid stenosis.; There has not been any treatment or conservative therapy.; lower extremity swelling, pain, weakness and chest pain  
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 the evaluation of lymphadenopathy or mass

"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  
&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.

Her exam showed sensory deficit in the 5th digits hands bilaterally and the L lower extremity. her muscle tone was decreased w/ resisted flexion/extension of 3-4/5 upper/lower extremities bilaterally. her gait was antalgic and she nearly had a fall during; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;

Patient has a nontoxic glandular goiter. E40.2. Family hx of cancer Z80.9. Had a lipoma of the back D17.1. (Gloria transferred me to a nurse, who wanted me to give her the patients dob and address, advised I could not give her that because of HIPPA. She ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Patient has seen Dr Randolph Spine Orthopedics in 2014 but will need new imaging in order to receive a new referral for 2016 since the areas have likely worsened due to worsening muscular atrophy.; This study is being ordered for a neurological disorder.; august 2014; There has been treatment or conservative therapy.; Radicular pain uncontrolled as well as weakness of the upper extremities and lower extremities.; physical therapy and pain management at Mercy Pain management to include Radiofrequency nerve ablation of both cervical and lumbar areas. Multiple epidural steroid injections of both areas

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.

This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.

This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."; This patient has been treated with medications for at least four weeks with no improvement.

; This study is being ordered for a neurological disorder.; 06/25/2016; There has not been any treatment or conservative therapy.; Right sided numbness of the face, arms, and legs. Not hearing well out of right ear. Vision is blurry. Headache

; This study is 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 states this has been going on since January 2016. Not getting any better.; There has been treatment or conservative therapy.; Ringing in both ears since January with some hearing loss; Pt was treated with medications. Had blood work done that was normal. And was seen by an ENT physican.

7 of her 9 siblings have a hx of brain aneurysm with some having multiple. they had a study done in Chicago and found 7 of siblings. she was unable to go to Chicago for testing.; This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; headaches

Family history of stroke due to aneurysm (mother and grandmother).; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/20/2015; There has not been any treatment or conservative therapy.; Pt suffers with lung density found on x-ray.

Her story is good for a cerebral aneurysm. However, she has had these in the past and has had evaluations. I will set up a MRI and a MRA of her brain. I will set her up with neurology. She will have tramadol for pain.; This study is being ordered for a neurological disorder.; 2003; There has not been any treatment or conservative therapy.; he actually comes in due to occasional headaches. She states she had one in 2003 where she felt a pop in her head. She had acute confusion. She states she was dx with a TIA. She missed 3 months of work. Last Saturday, she felt the pop again. Her spe

Pt has been having chronic headache for over 4 months daily/ Has to take IBU profien for relief but headache does not go away but relieves it for a while/ HX of aneurysm; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.

SUDDEN ONSET OF FACIAL PERALYSIS, TRYING TO RULE OUT TIA, CVA, BELLS POSY; This study is being ordered for a neurological disorder.; 3/19/16; There has been treatment or conservative therapy.; FACIAL DROOPING, WEAKNESS,TREMORS, ACUTE MEMORY LOSS, VISION CHANGES; STEROID INJ, MUSCLES RELAXER

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.

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.

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.

There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.

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 been a stroke or TIA within the past 2 weeks.

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.

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.

type 2 diabetic with sudden vision changes; This study is being ordered for a neurological disorder.; 4/15/16; There has not been any treatment or conservative therapy.; double vision

The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.

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 been a stroke or TIA within the past 2 weeks.

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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.



&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient is experiencing dizziness.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 11/15; There has been treatment or conservative therapy.; pain start neck radiation down rt arm numbness and tingling unable to sit or stand for periods / 20 HA a month minimum blurred vision photo fobia and nausea; over 30 visit of PT nerve conduction study and MRI medication

&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.; 05/13/2016; There has not been any treatment or conservative therapy.; dizziness, off balance

&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.; 2/29/2016; There has not been any treatment or conservative therapy.; memory loss, headache, confusion, stuttering, right sided weakness, dizziness, back pain.

&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.; 4/19/16; There has been treatment or conservative therapy.; Numbness in feet, facial numbness. facial drop; PT

; This 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).

; This 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 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.

; 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)

; 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.

; 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.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.

; 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.

; 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.

; 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.; 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.

; 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.

; 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.

; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

; 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.; 06/25/2016; There has not been any treatment or conservative therapy.; Right sided numbness of the face, arms, and legs. Not hearing well out of right ear. Vision is blurry. Headache

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about 4/18/2016; There has been treatment or conservative therapy.; weak limbs; numbness of the legs/feet (and in L hand); tingling, headaches, pain,numbness and falling is getting worse; failed conservative therapy - 06/07/16 ,(muscle relaxers, tramadol, hydrocodone); had evaluations by back specialist,had series of 4 shots which helped for about 4-6 weeks. Pt does not have follow up scheduled yet. Normal EMG/NCS study last month.

; This study is 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 states this has been going on since January 2016. Not getting any better.; There has been treatment or conservative therapy.; Ringing in both ears since January with some hearing loss; Pt was treated with medications. Had blood work done that was normal. And was seen by an ENT physician.

27-year-old female is seen today due to migraine headaches. The patient has been tried on a number of prophylactic medications without benefit. She had been taking amitriptyline and had side effects. She likewise was tried on Topamax without benefit. She ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Assess change in mental status concerning amnesia, abnormal pressured speech and occasional migraines.; 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.

Bell's palsy; 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. bilateral back pain, radiculopathy, abnormal gait; This study is being ordered for a neurological disorder.; 1 month ago; There has been treatment or conservative therapy.; right leg pain no improvement, numbness and dragging in foot, right hand with tremors; had anti inflammatories

brain mri for evaluation of neoplasm found in 2014; 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.

Carol comes in reporting several weeks of vertigo. It happens several times a day. She has a frontal headache. She has pressure in her ears. There is no fever. She went to an urgent care clinic and has been on Meclizine, flonase and cefdinir. She al; 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.

Confusion memory problems; 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.

CONTINUED FOLLOW UP; This study is being ordered for a neurological disorder.; 9/14/2014; There has been treatment or conservative therapy.; SEIZURES, HEADACHES, HIP PAIN; KEPPRA, PHYSICAL THERAPY, KENALOG, MARCAINE INJECTION, ORAL STEROID, TORADOL IM INJECTION

Enter answer here - or Type In Unknown If No Info Given; Patient complains of steady dull ache in head. Has tenderness occipital area and pain in frontal region.; This 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).

Fell down stairs, hit head on concrete. loss of consciousness and concussion, headaches, amnesia; 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.

Follow up MRI. Previous hemmorage; 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.

frequent falls, family history of MS,; This 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).



General right forehead without wrinkles, decreased blink reflex on right. Cranial nerves unable to wrinkle right forehead, with smile left facial drooping noted, right eye lid with improved closure, improved blink reflex on right; 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.

HA occurring since 6 months ago. Occurring in the occipital area, pain is sudden. Having 4 per day. lasting about 1-5 minutes pain on scale on 10. Longest HA was 15 minutes. HA will wake him from sleep.; 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.

has been ongoing for a couple of months that is getting worse; 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)

He blacked out twice last week he states this lasted only a few seconds, he states both times he became short winded and collapsed, it was not related to any type of position change or activity. he is still having intermittent chest pain, dizziness, associa; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.

Head injury occurred years back and patient would like to have MRI done because he has been having short term memory loss here lately.; 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.

headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

headaches are not tractable, along with history of concussion.; 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.

Headaches last for hours, unresolved with medicine. 6 headaches in 1 week.; This 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).

HEADACHES PROGRESSIVELY GETTING WORSE AND MORE FREQUENT, AWAKENING FROM SLEEP, WORSENING VISION IN THE LEFT; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; WORSENING HEADACHES, AWAKENING FROM SLEEP, WORSENING VISION ON THE LEFT; IBUPROFEN, NAPROXEN, TYLENOL EXTRA STRENGTH

Headaches rated at 9/10, described as intense pressure to bilateral sides of head and behind eyes, neck soreness, ringing in ears, nausea, vomiting, dizziness with sensitivity to light and noise lasting up to 12 hours. REports taking ibuprofen since onset; 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.

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.

Her exam showed sensory deficit in the 5th digits hands bilaterally and the L lower extremity. her muscle tone was decreased w/ resisted flexion/extension of 3-4/5 upper/lower extremities bilaterally. her gait was antalgic and she nearly had a fall during; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;

her headaches are getting worse and more frequent. has tried maxalt and it would dull the headaches but not make it go completely away and imitrex made her headache worse. states she is having 5-10 migraines a month and they last a few days at a time.; This 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). Her story is good for a cerebral aneurysm. However, she has had these in the past and has had evaluations. I will set up a MRI and a MRA of her brain. I will set her up with neurology. She will have tramadol for pain.; This study is being ordered for a neurological disorder.; 2003; There has not been any treatment or conservative therapy.; she actually comes in due to occasional headaches. She states she had one in 2003 where she felt a pop in her head. She had acute confusion. She states she was dx with a TIA. She missed 3 months of work. Last Saturday, she felt the pop again. Her spe

LAST COMPLETE BLOOD COUNT DONE 09/2015, METABOLIC PANEL AND OTHER LABS DONE 11/2015, URINALYSIS/VIT B12/VIT D/THYROID PROFILE DONE 01/2016, LABS ALSO DONE 03/2016, PROVIDER REQUESTING MRI OF BRAIN FOR FURTHER EVAL; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.

Leukemia; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

loss of consciousness and 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.

Medication patient was taking was causing blurred vision.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Migraine headache. Getting worse even with medication; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Migraines with aura worsening, patient 51 years old, hypertension, tobacco use, risk factors.; 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.

more severe and recurring headaches which are getting increasingly worse and not being improved by pain medications; 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.

MRI of the 7th nerve requested. PT diagnosed with Bell's Palsy 1 year ago and still does not have full functions back. Has trouble moving eye and talking normally; 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.

multiple falls, most recent in the mall. Sent to the hospital for evaluation. Reports being off balance and unable to walk straight. Need to exclude the possibility of a stroke or other insult to the brain. No known head injury.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

nausea , on going for three weeks with no relief , by lateral tinnitus , tension on the back of her hand, mild dizziness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is 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)

New onset of daily headaches lasting greater than 3 months, always on the right side. positive for nausea, no vomiting. over the counter meds do not help. Full range of motion in the neck.; 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)

NO RELIEF FROM NUMEROUS MEDICATION. MILD DIZZINESS ALONG WITH THE 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.

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.

none; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

None; 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.

none; This study is being ordered for a neurological disorder.; 10/04/2015; There has been treatment or conservative therapy.; Fatigue vision changes, joint pain, muscle weakness, neck pain. extremity weakness, headaches a numbness in extremities.; meds,

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.; 5-1-16; There has been treatment or conservative therapy.; decreased range of motion ROM; numb spots in left arm; tingling in right arm; having coordination (lack of) issues. failed finger to nose test on one side.; Gabapentin and Tramadol

none; This study is being ordered for trauma or injury.; 06/09/16; There has been treatment or conservative therapy.; Pt suffers with severe headache, confusion, pain, anxiety, forgetfulness, short term memory loss and irritability; NSAIDs p2p with Dr Shaw under tk#11231810; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.

patient also has blurred vision; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; dizziness, tingling in head and neck, decreased sensation on left side of body; neuro surgery and medication

PATIENT COMPLAINS OF RECURRENT SYNCOPE. HE HAS HAD EPISODES OF BLACKING OUT. HE HAD AN EPISODE OF BLACKING OUT WHILE DRIVING AND HIT A TREE. HE ALSO HAS A 30 POUND WEIGHT LOSS IN 6 MONTHS.; 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.

Patient continues to have problems with headaches lasting week at a time. She has short-term memory loss, poor balance, some memory issues. Headache is right sided. Positive photo and phonophobia. Patient has history of head injury one year ago. Has taken; 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.



Patient had seizure that was witnessed, lasting 4 minutes. New onset.; This study is being ordered for a neurological disorder.; 06/19/2016; There has been treatment or conservative therapy.; Seizure, lasting 4 minutes.; Keppra 500mg BID

Patient has a nontoxic glandular goiter. E40.2. Family hx of cancer Z80.9. Had a lipoma of the back D17.1. (Gloria transferred me to a nurse, who wanted me to give her the patients dob and address, advised I could not give her that because of HIPPA. She ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered. PATIENT HAS A STRONG FAMILY HISTORY OF GSS; This study is being ordered for a neurological disorder.; 6/7/2016; There has been treatment or conservative therapy.; FULL BODY SPASMS & BLURRY VISION; Nsaid

Patient has had HA for more than 2 months. Has been treated with OTC meds and prescription meds without relief.; This 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).

Patient has headache with nausea, vomiting onset 5 years ago, worsening; This 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).

Patient is having dizziness with a decrease in his hearing function.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

PATIENT IS HAVING HEADACHES AND DOUBLE VISION AFTER RECEIVING SHOT IN EYE. DOCTOR IS WANTING TO RULE OUT A TUMOR; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

patient needs to be evaluated for stroke, not sure of the problems but was seen in the er a few weeks ago; 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).

PATIENT PRESENTS TO CLINIC WITH 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.

Patient states that for three weeks he has been having spells where he gets really weak and lightheaded. Patient states that he gets really weak and has to sit down and falls asleep and when he comes to he has a really bad 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.; 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)

Patient suffers from dementia, and memory loss. Amnesia, and behavioral disturbances. Patient is needing imaging done for neurology office that she is being referred 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; 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.

Patient was recently seen in the ER for alcohol abuse/hepatitis C. Patient is having shakes and cravings but feels disoriented and nauseated, difficulty walking straight. Patient has felt this way for several days. Had difficulty forming and speaking wor; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 was seen in the emergency room for a fall and a CT of the head was done. opinion was a probable meningioma; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; 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.

Periods of becoming disoriented. Happened a couple of times. New problem. MDO feels it imperative to be checked out.; This request is for a Brain MRI; The study is 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 vertigo

Possible bell's palsy; numbness and tingling; 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.

PT C/O DIZZINESS, NAUSEA, POOR BALANCE, AGITATED, TENSION HA, HEAD TRAUMA LAST WEEK; 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.

pt came to us as new pt w/ no previous studies done. pt has unsteady gait and weakness in hands (bilateral). MRI is needed to r/o neuro 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.

Pt got dx with migraines in 2012 with worsening over the past 2 months. Pain starts in the back of the head and radiates up into the forehead. Reports pain is a burning sensation accompanied by photosensitivity. Has increased her Topamax without relief an; 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 had 1 or 2 seizures as a kid; Pt has a hematoma; Mdo wants to eval for new seizures; No meds for seizure; This study is being ordered for trauma or injury.; 5/31/16; There has been treatment or conservative therapy.; Headaches; Dizziness; Loratab

Pt had a ct scan that showed a mass; 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 has eye twitches for a year now. He went to his eye doctor and was referred to ophthalmologist. He is requesting Brain MRI to check for tortuous vessel irritation the left 7th nerve.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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.

Pt has facial numbness and inability to speak while ambulating; 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.

Pt has no improvement with treatment. Pain medication, sinus medication.; This 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).  
pt has taken NSAIDS as well as other pain medications with out relief of headaches, provider now requesting MRI for futher evaluation of pt; 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 have a pervious CT which was abnormal r/o irregular appearance of interior ponds; This 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).

Pt is mentally challenged &#x0D; 5/23/16 pt banged his head on the wall&#x0D; 9/2015 Mri showed cerebrospinal cyst&#x0D; F/u test; 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.

Pt is passing out she was taken to the ER and evaluated with no acute findings; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

pt reports having some symptoms for tingling sensations on the 4 extremities occasionally. pt reports no sensation of tingling sensation when she woke up, but little by little during the day the tingling sensation begins. Denies visual changes. However, pt ; 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.

Pt w/ recurring headaches and a 'bulge' that comes and goes along the top of his head. Referred to neuro, and neurologist requested MRI. sfr; This 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).

Pt went to the ER after a syncopal episode witnessed at work. Brought to the ER by a co-worker, who stated pt stood up and eyes rolled in the back of her head. Pt seen by Dr Coker in follow up continues to have near syncopal episodes - blood sugar normal.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.

R/O any further head trauma from fall in a CAVE; This study is being ordered for trauma or injury.; 5/7/16; There has been treatment or conservative therapy.; Closed head injury with headaches and neck pain; Medications and head sutures

radiculopathy in shoulder radiating to upper arm and elbow.&#x0D; &#x0D; Vision changes - constant w/line and spots in rt eye.; This study is being ordered for trauma or injury.; 05/21/15; It is not known if there has been any treatment or conservative therapy.; Pt sustained injury after a skating accident. Right Shoulder pain described as sharp and radiating to the upper right arm and elbow. Symptoms are worsening. Symptoms include: clicking; decreased ROM; weakness and pain in arm.&#x0D; &#x0D; Pt has experienced vis



Recurring daily headache not improving with medication; This 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).

reprocessed from Dr Deorio see tracking 055517920; 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).

Sensitive to sound while these headaches are happening. Dizziness gets worse.; This 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).

Sensory disturbances c/o facial numbness & tingling on right side. c/o of right arm numbness & tingling. Arms showed abnormalities c/o right arm weakness & numbness. Cervical spine showed abnormalities Pain with movement & palpation. Sensory exam abnormal; This study is being ordered for a neurological disorder.; 5/10/16; There has been treatment or conservative therapy.; Sensory disturbances c/o facial numbness & tingling on right side. c/o of right arm numbness & tingling.; Arms showed abnormalities c/o right arm weakness & numbness.; Cervical spine showed abnormalities Pain with movement & palpation.; Sensory exam abnor; Lyrica 100mg; Tramadol 50mg; Depakote 250mg tablet, delayed release (DR/EC); Cyproheptadine 4mg; Prochlorperazine maleate 10mg; Naprosyn 500mg; nortriptyline 10mg

Severe H/A fatigue dizziness insomnia light headedness; 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.

severe headaches amehorrhhea; 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.

severe headaches pain meds not effective. R temporal area. worsening; 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)

She also reports having very severe right sided headaches. She has a h/o migraines but states this is different from her normal migraines. It is a sharp pain in her right parietal region. The pain lasts a few minutes and then leaves an achey, deep pain be; 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.

Start: 01/01/2016 &#x0D; Physical Exam Findings: Pain is right parietal and occipital area. They are occurring about 30 times per week. They are random.&#x0D; MEDS: TOPAMAX X 1 MONTH; 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.

Sudden headaches that runs around to the front. Loud noises makes it worse. Has been on Fiorcet and is not better.; 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.

SUDDEN ONSET OF FACIAL PARESIS, TRYING TO RULE OUT TIA, CVA, BELL'S Palsy;  
This study is being ordered for a neurological disorder.; 3/19/16; There has been treatment or conservative therapy.; FACIAL DROOPING, WEAKNESS, TREMORS, ACUTE MEMORY LOSS, VISION CHANGES; STEROID INJ, MUSCLE RELAXER

Sudden severe 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.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.

symptoms for over a week/. trauma happened last week/ troubles with speech; 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.

the patient has been having headache for about a week.; 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).

this dizziness and light headed feeling has been an issue now for almost 2 months. Patient has been to PT and referred to an ENT without success. He is now suffering from memory loss. This is affecting his hearing, vision and balance.; This study is being ordered for a neurological disorder.; 03/28/2016; There has been treatment or conservative therapy.; neck pain, dizziness, and change in mental status; patient has seen physical therapy and referred to ENT

This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.

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.

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.

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.

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.

This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.

This 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).

This 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.

This 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.

This 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.

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.

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.

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.

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).

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.

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.

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.

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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.



This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

This request is for a Brain MRI; The study is NOT 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.

This request is for a Brain MRI; The study is NOT 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.

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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.

This 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.

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.

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.

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.

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.

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.

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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; It is not known if there are physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The brain MRI was abnormal.

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.

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.

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).

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.

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 one sided arm or leg weakness.

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.

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.

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.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.

Trying to r/o brain bleed; This study is being ordered for trauma or injury.; 03/05/2016; There has not been any treatment or conservative therapy.; Memory loss, dizziness, heaches, concussion

type 2 diabetic with sudden vision changes; This study is being ordered for a neurological disorder.; 4/15/16; There has not been any treatment or conservative therapy.; double vision

Uknown; 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.

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.

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.

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).

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).

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).

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.

We are needing to do a f/u MRI on a arachnoid cyst to check for changes. He's also having 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.

"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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; This study is being ordered for suspected pulmonary Embolus.

"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 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.

"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; Pt has been having chest pain for over a year now. Pt has family history of PAD. CXR, 2 EKG's and stress test came back negative. Has noticed some mild L arm pain that is intermittent and SOB. he states that episodes last up to 30 min. He has a history of s; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.

"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.

"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.

"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.

"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;&#x0D; PATIENT HAS BEEN COUGHING UP BLOOD AND HAVING CHEST WALL PAIN.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.



&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 6/1/2016; There has been treatment or conservative therapy.; Extreme vertigo and nausea, headache, and tachycardia.; Patient has had Phenergan, Meclizine, Zofran.

&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.; 04/24/2016; It is not known if there has been any treatment or conservative therapy.; Pt has nodule in chest area, chest wall pain and worse when stretching, Pt was in hospital,

&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.; 2/29/16; It is not known if there has been any treatment or conservative therapy.; Fatigue and dizziness. Chest pain.

&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.; 3YRS AGO; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&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.; 5/27/2016; It is not known if there has been any treatment or conservative therapy.; &lt; chest pain, shortness of breath

&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.; 5/27/2016; There has not been any treatment or conservative therapy.; chest pain, dizziness, headache,

&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.; 6/14/16; There has not been any treatment or conservative therapy.; left lower quadrant pain, very tender to palpitations, shortness of breath, R/O kidney stone and evaluate possible pulmonary embolism

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 5/7/2016; There has not been any treatment or conservative therapy.; Rib pain, chest pain, shortness of breath, ABD pain ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass. ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass. ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

; 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.

; 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.

; 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.

; 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.

; This study is being ordered for a metastatic disease.; There are 2 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 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.;

; This study is being ordered 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.;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/12/16; There has not been any treatment or conservative therapy.; weight loss total is 9lbs. ; Chronic cough; joints hurt worse since weight loss; lower abdominal pain , ; diarrhea ; chest x-ray results were right costophrenic blunting/ fluid or lateral anterior chest inferior to heart with blunting noted

; This study is 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 - 10/14/15; It is not known if there has been any treatment or conservative therapy.; pt keep losing weight

1 cm nodule in right lung found in chest xray.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

3 mo f/u eval of chest nodular lesion; recently dx w/brain 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.

3 MONTH FOLLOW UP CT NEEDED TO ASSESS LUNG NODULE NOTED ON CARDIAC CT ON 1-6-16; "There is NO evidence of a lung, mediastinal or chest mass 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 month follow up for lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.  
3/8/2016 Ct show multiple abnormalities; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;  
2/23/2016; There has been treatment or conservative therapy.; Pain 10/10, UTI, Renal calculi; Pain medication

44 y/o female, nicotine dependence. Hx of COPD/Asthma. With chronic cough,wheezing; 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.

8MM NODULE WITHIN LEFT UPPER LOBE.&#x0D; SUBTLE OPACITY WITHIN THE LEFT LOWER LOBE POSTERIORLY.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

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.

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.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

Abn CXR cough weight loss 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.

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.

Abnormal Chest Xray; Dysphagia; History of cyst of lung; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Abnormal Chest x-ray, Opacity obscuring the L heart border; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Abnormal CT Lung screening; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Based on Fleischner Society guidelines, he will need repeat CT in one year and follow up afterwards. Last note when seen 9/8/15 By Staci Hopper. It has been a year.; 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.

CABG post op pain and popping in sternum; looking for sternal non union after open heart surgery; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Chest CT performed six months ago-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.

Chest- History of long term tobacco use, X-ray showed interstitial markings throughout lungs Lumbar-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.; 2014 for lumbar spine 6/1/2016 for Chest; There has been treatment or conservative therapy.; chest- no symptoms lumbar- low back pain, radiculopathy, numbness downs bilateral lower extremities with right greater than left, lumbar x-ray sowing lumbar disc disease.; Lumbar-Home PT, pain specialist, NSAIDS, Steroids, Chest- no treatment as of yet. chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

chest pains; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

chest x ray reveal prominent pulmonary vessels; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Chest x-ray found pulmonary lung nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Chest x-ray showed a 1.5 cm rounded opacity right mid 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.

chest x-ray shows abnormal results, lesion; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

chronic cough, h/o tobacco use; 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.

chronic cough/ hx of TOB and rt. middle lobe nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

CHRONIC SMOKER, 3 PACK A DAY SMOKER.. FREQUENT URI INFECTIONS, CHRONIC COUGH, ASHIMA DIGNOISE, EVELATED WHITE BLOOD COUNT,; "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.



cough continued since 11/24/2015); Duration of Symptoms: Start: 04/01/2016  
&#x0D; &#x0D; Physical Exam Findings: cough, chest pressure, non-productive cough,  
mother just diagnosed with lung cancer (nonsmoker)&#x0D; &#x0D; Preliminary  
Procedures X-rays &#x0D; Already Compl; A Chest/Thorax CT is being ordered.;  
The study is being ordered for none of the above.; This study is being ordered for non  
of the above.

cough for 6 weeks, results of xray recommends 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.

COUGH LONGER THAN 3 MOS WITH CHEST PAIN AND SHORT OF BREATH.CXR  
ABNORMAL; "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.

coughing blood, tobacco user; A Chest/Thorax CT is being ordered.; This study is being  
ordered for screening of lung cancer.; The patient is 54 years old or younger.; The  
patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past  
11 months.

CT chest done on 05/02/2014 where a solitary pulmonary nodule was found. This will  
be final ct for 2 yr stability 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.

CT Chest is being requested for follow up on TB. .; A Chest/Thorax CT is being ordered.;  
The study is being ordered for none of the above.; This study is being ordered for non  
of the above.

CT CORONARY CALCIUM SCORE WAS DONE ON 11/24/2015 AND SHOWED NON-  
CALCIFIED PULMONARY NODULES. FOLLOW UP CT WAS RECOMMENDED FOR 6  
MONTHS TO MONITOR FOR CHANGE.; "There is NO evidence of a lung, mediastinal or  
chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This  
study is being ordered for work-up for suspicious mass.

CT of the Abdomen and Pelvis done in December, a 6mm non-calcified pulmonary nodule was noted. 6 month follow up recommended by Radiologist.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

During physical exam discovery of mass size 3 x 1.5 cm in dimension. Solid and not affixed to skin but is affixed to costal cartilage.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Enter answer here - or Type In Unkn Mr. Sillyman comes in to see me and followup after his CT scan. I have received a report of the CT that neurology had ordered. The concerning things to me were pulmonary nodules. It looks like they are probably pretty b; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Enter answer here - pt had CT in 6/15 recommended a repeat 6/16 a 3 MM noncalcified nodule in the medial basal segment.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Family history of cancer, personal history of lung nodule,make sure there is no underlying cancer causing his weight loss, especially since he smokes.Loss of appetite.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Family history of lung cancer: mother and father.; 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.

Family history of stroke due to aneurysm (mother and grandmother).; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/20/2015; There has not been any treatment or conservative therapy.; Pt suffers with lung density found on x-ray.

FOLLOW UP 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. Follow up to previous chest ct which was abnormal. Chest Ct done 9/24/2015; 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.

Found on previous CT: Nonspecific mild mediastinal lymphadenopathy, may be inflammatory; in nature although neoplastic disease is not entirely excluded.; Recommend clinical correlation. This would not be amenable to; percutaneous sampling.; 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.

Hematemesis (K92.0).; Due to his smoking history, I feel he needs this looked at. I will set up a CT of his chest and will set him up with pulmonology.; 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.

history of sarcoidosis; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Hoarseness, nasal congestion, post-nasal drainage, cough, fatigue, headache, and nausea; CXR OBTAINED; Medications: 05/10/2016 AZITHROMYCIN, 05/10/2016 VENTOLIN HFA, 08/27/2015 VITAMIN D-3; Duration of Medications: as needed; Reason for Study: Chronic c; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

inhouse x-ray of chest and refiled a ct request; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

It is not known if there is radiologic evidence of mediastinal widening.; It is not known if there is physical or radiologic evidence of a chest wall abnormality.; Pt hit a deer doing about 85 mph, pt was restrained but air bag did not deploy. Radiologist is recommending a follow up CT.; The ordering physician is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.

It is not known if there is radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; The ordering physician 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.

Large palpable 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.; A few weeks for both palpable masses; There has not been any treatment or conservative therapy.; hard mass at right anterior base of his neck extending down to right upper chest wall; large right anterior chest mass that is non tender to touch and non movable  
Lightheadedness and dizziness; It is not known if 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.

Long time smoker w cough; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

Lung nodule IN R-MIDDLE LOBE noted on CT in 2014. PT PRESENTED NOW WITH PAIN IN CHEST AND INCREASED 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.

Lung nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

lung nodule; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

MASS OF LEFT TESTICLE, SIZE OF AND ORANGE AND DIFFICULT TO PALPATE  
DISTINCTIVE FEATURES, ATROPHY RIGHT TESTICLE, FATIGUE, WEIGHT LOSS, FEVER; 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.

mbr has ultrasound 6/16/2016 mass seen surgery 6/23/2016; 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 not a hematologist/ oncologist.

Metastatic lesions, right upper pain, liver is enlarged and does have a history of  
hepatitis, abnormal check x ray; This study is being ordered for a metastatic disease.;  
There are 2 exams are being ordered.; One of the studies being ordered is NOT a  
Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering  
physician is not a hematologist/ oncologist.

Mrs Sowell had a CT abdomen/pelvis on 12/2/15 indicating a 1.2cm nodule without  
calcification in the posterolateral right lung base. Interval re-assessment in 6 months  
time with non contrast CT scan chest is advised to assure gross stability of the indeter;  
"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30  
days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for  
suspicious mass.

multiple nodules found on lung via xray. radiologist recommended CT to evaluate;  
"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.

nodule on the lung and suspected abdominal cyst; This study is being ordered for a  
metastatic disease.; There are 2 exams are being ordered.; One of the studies being  
ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted  
CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.

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.; 03/22/2016; There has not been any treatment or conservative therapy.; unknown

obese patient with bloody stools, abd pain, family hx of cancer, abnormal weight loss; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

pain in right side tenderness worst with movement; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

patient had a chest xray done in office and lung nodule was shown.; 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.

Patient had CT Chest w/ Contrast back in January of 2016 and this is a 6 month follow up 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.

Patient had stents put in three months ago, since then he has had trouble breathing, fatigue, shortness of breath, 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.

PATIENT HAS A DIAGNOSIS OF RECTAL CANCER ALREADY. DOCTOR WANTS TO LOOK AT ABD/PEL AND 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 not a hematologist/ oncologist.

PATIENT HAS A MASS; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Patient has a personal history of lymphoma and breast cancer. She is in the process of changing oncologist. Her 6 month scans are due.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

patient has a solitary pulmonary nodule. He has been having on going problems with the nodule that has been found.; "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.

Patient has a suspicious mass in lung- continues to have coughing and wheezing after finishing antibiotics for pneumonia.; "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.

patient has been having chest pains, which he described as pressure with dull pain. states it goes through his back and under his left arm; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.



patient has had a cough for several weeks and has completed several antibiotics. Also she has had inhaler therapy and not got any better cxr was negative in the clinic; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; It is unknown if this patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

Patient has had a productive cough for 1 month. Her sputum has a clear, thin, and yellow appearance. She works at a nail salon and has seen 3 different physicians. Breathing treatments helped but not completely resolved problem. States the cough is worse ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

patient has had lung cancer ...has pulmonary nodule in left lower lobe seen 12/30/2015 follow up 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.

patient has history of asthma and copd. she has not been seen by pulmonary for more than 10 years.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

patient has history of lung cancer in family and abnormal weight loss.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

patient has known nodules on previous chest ct and was to do a follow up in 6 months; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Patient has perihilar nodules on xray. Needs ct for further evaluation; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Patient having chest pains. Xray shows pleural thickening, or fluid along the left posterior costophrenic angle with left basilar atelectasis or scar.; 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.

Patient needs 1 year follow up CT for chest 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.

PATIENT PRESENTS TO CLINIC WITH SOB, WHEEZING AND COUGH. CHEST X-RAY SHOWS A LUL NODULE.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

PT HAD A CHEST XRAY DONE AND THE RADIOLOGIST FOUND SOME ABNORMAL IMAGES ON HIS EXAM; "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.

Pt had a Ct back in October 2015, showed a nodule and they suggested a 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.

pt had a pulmonary nodule that appeared benign discovered in Dec 2012. This will be a follow up CT; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Pt had abnormal ct back in Dec of 2015. This is a 6 month f/u to check the abnormality.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Pt had CT of chest performed in February, a lung nodule was found on the CT. Pt was recommended by radiologist to have repeat scan performed in 3 months to see if nodule had 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.

Pt has a chronic cough, sometimes shortness of breath. ordering low dose ct to rule out lung cancer; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

Pt has a h/x of lung cancer and been following nodules in his lungs and in December they have increased in sides and radiologists requested a 6 month f/u.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Pt has been having chronic intermittent left anterior rib pain for the past several 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.

Pt has COPD. She had an abnormal xray in our office.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Pt has nodule right mid lung that is fairly dense.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

pt has rib pain on left side for 2 months now with no improvement. pt had chest x-ray show normal heart, no active infiltrate, no bony abnormalities, no acute abnormalities. pt tried Medrol pack with no improvement; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

pt presented with rib pain, and returned to clinic today with suspicious mass and worsening pain.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Pt presents with noticeable left chest wall abnormality that has not resolved, shortness of breath, and chest pain. Abnormal results on EKG in office.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Pt was originally seen 3/24/16 for persistent cough and burning feeling in chest. He has now been seen a total of 4 times since with no improvement. Been through two rounds of cefuroxime, had a normal chest x-ray and normal rib series x-ray done. The pa; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Pth had an ABN Upper GI 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.; 04/20/2016; There has been treatment or conservative therapy.; Pt has c/o difficulty swelling, cough, muscle spasms, and belching; Pt was given medication for his stomach, and told to stop smoking

R/O mass; "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.

R/O METASTATIC DISEASES, ELEVATED PSA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/10/2015; There has been treatment or conservative therapy.; LOSS OF APPETITE, WEIGHT LOSS; UROLOGY REFERRAL

r/o pulmonary embolus, Aneurysm, or liver adenopathy; This study is being ordered for Inflammatory/ Infectious Disease.; 2-3 months ago; There has not been any treatment or conservative therapy.; Dull pain in upper back, unable to sleep, shortness of breath on exertion.

Reaching hurt mid back pain by two days.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

recent vomiting, very tender and has resulted in difficulty in moving her left arm, lymph nodes have been more swollen than in the past she states that she has had swollen glands in the past.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Repeat CT ordered. Follow up here in 3 months.; Further diagnostic evaluations ordered today include(s) CT CHEST/THORAX W/ CONTRAST to be performed.; "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.

Rib pain since 1/2016, R interior of her chest beneath the R breast. Chest xray showed subacute none healed interial lateral R 6th and 7th fracture deformities.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Saw mass on chest xray.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

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.

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.

Stable prominent lymph nodes found in upper mediastinum on 2015 CT of the chest. Follow up was recommended with a repeat CT chest to insure stability versus resolution.; "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.

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.

There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; ; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.

There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; Patient to be evaluated for anterior chest wall pain. Associated symptoms include dizziness and shortness of breath. Pain is better but still has focal pain at midsternum. Dizziness and SOB have been very brief.; 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.

There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; Xray shows multiple rib fractures, rule out pneumothorax.; 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.

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.

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.

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.

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

There is no radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; Patient has had a productive cough for over 3 weeks. Patient has taking medication and has had no improvement. Patient has had a decrease in O2 Sat. Patient states that she has shortness of breath; "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.; 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.

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.



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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; . Assessment:&#x0D; &#x0D; Assessment: &#x0D; 1. Acute bronchitis - J20.9 (Primary) &#x0D; 2. Hemoptysis - R04.2 &#x0D; &#x0D; Plan:&#x0D; &#x0D; 1. Acute bronchitis &#x0D; Start Zithromax Z-Pak Tablet, 250 MG, 2 tablets on the first day, then 1 tablet daily for 4 days, Orally, Once a day, 5 ; "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.

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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; bronchitis; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; chest pain on right side worse with movement, sitting, laying or breathing. Feels pressure when laying down. Tried to teach a class yesterday and was short of breath, pressure on right side. Joint pains more than normal. Tried ibuprofen with no relief.; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; he has had some chest pain the last 3 weeks. He describes it as a sharp pain on the left side. It is associated at times with being lightheaded and short of breath. He as experiencing the pain at work yesterday and then he changed positions and passed out; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient has had intermitted chest pain for a while which is getting worse. Has been treated with steroids with little relief and pain reoccurs again and again. Patient also taking ibuprofen for pain and inflammation with no relief. Pain usually stops the ; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; shortness of breath, chronic cough, fatigue; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; suspected 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.

There is radiologic evidence of mediastinal widening.; The ordering physician is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.

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.

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.

This is a yearly follow up CT Scan for a pulmonary nodule.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

throat 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.

to rule out malignancy in left lung re: 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.

Trying to rule out rib/soft tissue tear or occult pathological fracture. Patient has a history of 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.

UNKNOWN; "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.

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.

unknown; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has not been any treatment or conservative therapy.; Shortness of breath associated with chest pain

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.; October of 2015. Patient has had weight loss and fatigue more than usual.; There has not been any treatment or conservative therapy.; unexplained weight loss, fatigue and anemia

Venclavicular asymmetry; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

weight loss and abnormal signal of MRI of right upper lung; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/19/2016; There has not been any treatment or conservative therapy.; wt loss and abnormal x-ray and MRI

Will Fax; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

will fax; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

xray showing possible fx of rib L side,; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

x-ray was abnormal; This study is being ordered for Inflammatory/ Infectious Disease.; 4-11-2016; There has been treatment or conservative therapy.; shortness of breathe, r lower quad pain, cough, orthopenia; chest x-ray, labs, inhaler

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The patient is over 17 years old.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; It is not known whether the abnormality is of a cardiac or non-cardiac nature.; Yes, this is a request for a Chest CT Angiography.

&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.; 04/04/2016; There has not been any treatment or conservative therapy.; type two diabetes,

&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 another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/4/16; There has been treatment or conservative therapy.; Chest pain, fatigue, pain & swelling in arm.; Bloodthinners

Enter answer here - or Type In Unknown I Hayes presents in follow up from clinic visit He was diagnosed with Numbness/Fatigues. The following lab tests were done: CBC ( WNL ), hepatic function panel ( WNL ), basic metabolic panel ( WNL ), uric acid ( 7.6 ; 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.; There is a known or suspected coarctation of the aorta.; Yes, this is a request for a Chest CT Angiography.

Patient is presenting with Right shoulder, arm, hand and finger pain, right sided weakness, right sided numbness, and sharp pain to arm. Patient also seems to have symptoms of Thoracic Compression Syndrome. Or, Brachial Plexus Syndrome. Patient has been h; The patient is over 17 years old.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; It is not known whether the abnormality is of a cardiac or non-cardiac nature.; Yes, this is a request for a Chest CT Angiography.

Please schedule this for late April 2016: 62 yo female noted to have a 4.2 cm ascending thoracic aneurysm, please evaluate for stability. Please also confirm stability of her pulmonary nodules too. Thanks; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; 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.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

unknown; This study is being ordered for Vascular Disease.; 12/1/2015; There has not been any treatment or conservative therapy.; Aneurysm they are monitoring it

&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.; mass was seen on 5/2/2016; There has not been any treatment or conservative therapy.; Chest pain and thoracic back pain.

Patient has a nontoxic glandular goiter. E40.2. Family hx of cancer Z80.9. Had a lipoma of the back D17.1. (Gloria transferred me to a nurse, who wanted me to give her the patients dob and address, advised I could not give her that because of HIPPA. She ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.

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.

Patient is experiencing numbness in chest, patient has also had difficulty breathing. patient has been advised by orthopedic surgeon to obtain this imaging and to seek a second opinion on this matter.; This is a request for an MR Angiogram of the chest or thorax



&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&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.; 5/16/2016; There has been treatment or conservative therapy.; shoulder pain radiating down left arm, neck pain, numbness, tingling, popping; Back Adjustments, medications, injections

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 trauma or injury.; ; There has not been any treatment or conservative therapy.;

; 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.

Cervical neck pain with DDD of C-spine and right-sided radiculopathy symptoms.; 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.

Enter answer here. Patient has had a prior neck surgery, need the CT and MRI to evaluate his current symptoms. - or Type In Unknown If No Info Given.; This study is being ordered for something other than: known 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. Left upper extremity pain, tingling and difficulty extending left elbow. - or Type In Unknown If No Info Given; Describe treatment / conservative therapy here. Patient had an anterior cervical discectomy and fusion surgery on October 8, 2015. Patient had conservative treatment prior to surgery. - or Type In Unknown If No Info Given

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.

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.; 6/14/2016; There has not been any treatment or conservative therapy.; Back pain, C spine, T spine, and L spine pain.  
Fatigue

Occurred last night, fell forward and hit her face on end of sleep number bed , neck got jammed when it happened, just a lot of pain in neck and shoulders and facial area; This study is being ordered for trauma or injury.; 04/13/16; There has not been any treatment or conservative therapy.; Patient nose maybe broke , nose is swollen , eyes are black , back , shoulders and neck hurt.

pain; The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; Caller does not know how many follow-up Cervical Spine CTs the patient has had.

Patient has already had MRI, suggestion in the opinion per the radiologist suggested follow up 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.

Patient has numbness and tingling down arms (radiculopathy), had surgery in the past on his 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.

patient having neck and shoulder pain radiating down to the arm, weakness, numbness, normal x-ray, did conservative therapy didn't help,; 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.

Patient is suffering from terrible neck and shoulder 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.

pt is on anti inflammatory &#x0D; left arm pain unable to lift his arm; 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, &#x0D; Bowel or bladder dysfunction, Evidence of new foot drop, etc...

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, &#x0D; Bowel or bladder dysfunction, Evidence of new foot drop, etc...

The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes.

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.

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 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 Lower extremity weakness.

The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has had 3 or fewer follow-up Cervical Spine CTs.

The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has had 3 or fewer follow-up Cervical Spine CTs.

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.

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.

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.

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT

Unknown; This study is being ordered for a neurological disorder.; 10-02-2015; There has been treatment or conservative therapy.; Neck and lower back pain, upper extremity weakness; Ongoing physical therapy, injections, pain medication

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.

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 CT.; The patient has had 3 or fewer Thoracic Spine CTs.; 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.; There is a reason why the patient cannot undergo a thoracic spine MRI.

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.

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.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; ; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2015; There has been treatment or conservative therapy.; Pt c/o low back pain, hip pain, radiating to lower extremities and joint pain.; Rx and is scheduled for PT.

Pt has chronic pain in his neck, lower back and tailbone. he has possible nerve impingement in the c-spine and l-spine. He has lower back pain that appears to be fused from L4-S1.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1984; There has been treatment or conservative therapy.; Pain in his neck, low back, tailbone with radiculopathy in both extremities upper and lower. patient has possible nerve impingement along with fusion in lower back; Pt has had physical therapy, non steroidal anti-inflammatories, 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.

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.

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.

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.



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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

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 has a history of severe low back trauma or lumbar injury.

Unknown.; This study is being ordered for trauma or injury.; 3/19/2016; There has been treatment or conservative therapy.; Sever back pain. Difficulty sitting. Decreased range of motion.; OTC Medication and Ice and Heat.

Unknown; This study is being ordered for a neurological disorder.; 10-02-2015; There has been treatment or conservative therapy.; Neck and lower back pain, upper extremity weakness; Ongoing physical therapy, injections, pain medication

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; from the neck to 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 11/15; There has been treatment or conservative therapy.; pain start neck radiation down rt arm numbness and tingling unable to sit or stand for periods / 20 HA a month minimum blurred vision photo fobia and nausea; over 30 visit of PT nerve conduction study and MRI medication

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2/8/2015; There has been treatment or conservative therapy.; neck pain radiating to both arms, numbness tingling, shoulder pain, limited ROM, inability to raise arm above head; naproxen,hydrocone for 8 weeks, PT for 6 weeks

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; numbness in arm leg and pain, neck , and shoulder pain. 1988 had a neck fracture.; physical therapy and medications

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; Pt suffers with neck and back pain.; Medication

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; pain medication

&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.; 01/2015; There has been treatment or conservative therapy.; burning and pain radiating to feet; Medication and physical therapy

&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.; 04/22/2016; There has been treatment or conservative therapy.; Pain; pain medications , PT

&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.; 2/29/2016; There has not been any treatment or conservative therapy.; memory loss, headache, confusion, stuttering, right sided weakness, dizziness, back pain.

&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.; 2005; There has been treatment or conservative therapy.; Moderate to severe pain Radiating to the left foot. Decreased Mobility and tingling in the bilateral legs.; Physical Therapy and Pain meds.

&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.; 2012; There has been treatment or conservative therapy.; pain and muscle spasms; pain management and medications

&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.; 4/2015; There has been treatment or conservative therapy.; Pain, numbness and tingling, weakness in hands; Medication,

&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.; 5/11/2016; There has not been any treatment or conservative therapy.; SEVERE NECK AND BACK PAIN

&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.; unknown; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 04/25/2016; There has been treatment or conservative therapy.; neck and shoulder pain/weakness/; medications

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 5/20/16 MVA; There has been treatment or conservative therapy.; Shoulder pain, decreased range of motion, positive lift off test, neck x-ray loss of disc space c5-6, C6-7, worsening pain and spasms.; Naper, Tylenol #3, xray was negative on 5/25/16, Changed medications to hydrocodone on office visit #2 5/31/16.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 6/18/2016; There has been treatment or conservative therapy.; neck pain, back pain, leg numbness and arm numbness; medication,

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; around 02/11/2016; There has been treatment or conservative therapy.; Dizziness; steroids, infeds, pain meds  
; 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 right arm 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.

; 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.; 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 study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;  
; This study is being ordered for a neurological disorder.; Enter date of initial onset here December 2012; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; This 44 year old female presents with followup of medical issues. the pain is getting worse. her hands and arms are going numb when she sleeps and when she drives. has been unable to drive very long. almost passes out. pain from base of neck to bo; There has been treatment or conservative therapy.; ; six weeks physical therapy done at van buren 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.; ; 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.; initial onset 06/04/16; There has been treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; 04/01/2016; There has been treatment or conservative therapy.; back pain and neck pain that are worse; PT and medication

as stated before patient presents to my clinic with more c-spine pain and right sided wkness diminished sensation right forearm region see notes. he is also having persistent 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 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.; on new exam patient is having right sided numbness and wkness with more pain issues than at last visit.

chronic osteoarthritis of cervical spine with worsening left arm weakness and radiculopathy, formal physical therapy did not help; 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.

Continues to complain of neck and back pain.; This study is being ordered for trauma or injury.; 4-26-16; There has been treatment or conservative therapy.; Neck and back pain.; Pt was given Flexeril in the ER and has been started on Ibuprofen and to continue Flexeril and given a Toradol injection during office visit.

Double vision abn gait myopathy neuropathy; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Abn gait 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.

Enter answer here - or Type In Unknown If Patient has been having neck pain with shoulder and arm numbness and pain since 5-17-16; when he had back surgery. Patient's symptoms worsen with flexion and extension of neck; also when he holds his arms above h; 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 exPatient has been having neck pain with shoulder and arm numbness and pain since 5-17-16; when he had back surgery. Patient's symptoms worsen with flexion and extension of neck; also when he holds his arms above his head to reach for an object.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Enter answer here. Patient has had a prior neck surgery, need the CT and MRI to evaluate his current symptoms. - or Type In Unknown If No Info Given.; This study is being ordered for something other than: known 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. Left upper extremity pain, tingling and difficulty extending left elbow. - or Type In Unknown If No Info Given; Describe treatment / conservative therapy here. Patient had an anterior cervical discectomy and fusion surgery on October 8, 2015. Patient had conservative treatment prior to surgery. - or Type In Unknown If No Info Given

gait difficulties, and weakness in both legs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/20/2014; There has been treatment or conservative therapy.; numbness and tingling in hands and feet, difficulty walking; anti-inflammatory medication, pain medication, muscle relaxer

He was ran over by a vehicle about ten years ago and has had a lot of pain off and on since then.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; He has a lot of shoulder and C spine pain. He was ran over by a vehicle ten years ago and has had problems off and on since then but it's been really bad the past week.; Has tried anti-inflammatories, home exercises and alternating between heat and ice.

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.; No, the patient did not have six weeks of Chiropractic care related to this episode.; &lt;Enter Additional Clinical Information&gt;

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.; &lt;Enter Additional Clinical Information&gt;



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.; 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.; Post Traumatic Syringomyelia By MRI on 5/6/2014

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.; Pt comes in with problems with his neck and back. Pt had been seeing pain clinic in Jonesboro and gotten injections over a year ago. Pt says he had a "bad" injection.

Leukemia; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

lost feeling in arm while using a chain saw and dropped the chain saw and cut his toe. ruling out nerve root compression, has degenerative disc disease.; 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.; arm and hand numbness, loss of muscle tone; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

motor vehicle accident 04/12/2016; numbness and tingling in upper extremity. Symptoms worsening after pain meds and muscle relaxers.; 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.

MRI needed to refer the member to a neuro DR.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Chronic neck and lumbar pain; Injection, OTC medication, Percocet

MUSCLE TENDERNESS; CERVICAL RADICULOPATHY; RIGHT TRAPEZIUS STRAIN; 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 RADICULOPATHY; R TRAPEZIUS STRAIN; MUSCLE 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.

MUSCULOSKELETAL: Positive for back pain ( chronic; last MRI was in May 2006 at Baptist in Little Rock and showed bulging lumbar discs at L4-L5 and L5-S1, has been on meloxicam sine March 2016 which does not seem to be helping and is finishing a 12 day ta; This study is being ordered for a neurological disorder.; MUSCULOSKELETAL: Positive for back pain ( chronic; last MRI was in May 2006 at Baptist in Little Rock and showed bulging lumbar discs at L4-L5 and L5-S1, has been on meloxicam sine March 2016 which does not seem to be helping and is finishing a 12 day ta; There has been treatment or conservative therapy.; MUSCULOSKELETAL: gait: antalgic and slowed; Crepitus, Tenderness, Effusion: tenderness noted in the posterior neck over lower cervical spine and bilateral paraspinous muscles grip strength WNL bilaterally &#x0D; SKIN: no ulcerations, lesions or rashes &#x0D; NEURO; has been on meloxicam sine March 2016 which does not seem to be helping and is finishing a 12 day tapering course of prednisone,

Neck and upper back pain for 2weeks, radiates down left arm. Left hand weakness. ICE therapy and medications ineffective. Went to the ER on 5/25/16 Neck xrays show disc space height loss with endplate osteophyte and sclerosis.; This study is being ordered for a neurological disorder.; 5/13/2016; There has been treatment or conservative therapy.; Cervical pain and radiculopathy plus radiates down left arm (left hand weakness), upper back pain. Symptoms are not improving with ice therapy and medications.; Ice therapy. NSAIDS, muscle relaxers and pain meds are ineffective. Symptoms are not improving.

neck pain not improved with conservative treatment and physical therapy; 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 not improved with physical therapy and conservative treatment.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Neck pain, numbness in his L arm for 3 weeks, paresthesia in his arm and hand for 3 weeks.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness in his L arm and tingling in his L 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.

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.; 12/31/2015; There has been treatment or conservative therapy.; The Pt has neck and back pain numbness and tingling of right lower extremities. Pt has history of bulging discs in neck and back; Pt had x-ray, chiropractor since 01/29/2016, Heat and ice rubs, medication therapy. Pt had HEP 01/29/2016

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.; 5-1-16; There has been treatment or conservative therapy.; decreased range of motion ROM; numb spots in left arm; tingling in right arm; having coordination (lack of) issues. failed finger to nose test on one side.; Gabapentin and Tramadol

none; This study is being ordered for trauma or injury.; 06/09/16; There has been treatment or conservative therapy.; Pt suffers with severe headache, confusion, pain, anxiety, forgetfulness, short term memory loss and irritability; NSAIDs

none; This study is being ordered for trauma or injury.; December 2015; There has been treatment or conservative therapy.; Numbness and tingling down to thighs. Some neck and back pain; Patient has been taking anti inflammatory and ice and rest.

Numbness of both arms, lateral right lower extremity, and lateral left lower extremity. Neck pain bilaterally in trapezius that extends into both shoulders. Muscle spasms in the neck. Low back pain chronic duration. Tenderness of the posterior neck and on; This study is being ordered for a neurological disorder.; 1996; There has been treatment or conservative therapy.; Numbness and tingling of both arms, lateral right lower extremity, and lateral left lower extremity. Neck pain bilaterally in trapezius that extends into both shoulders. Muscle spasms in the neck. Low back pain chronic duration. Tenderness of the posterior; Physical Therapy-worsened symptoms and patient was unable to complete treatment. &#x0D; Chiropractic Therapy-which didn't help. &#x0D; Oral medication-which didn't help. &#x0D; Intramuscular steroid injections-which didn't help.

Pain has been occurring since the incident over 15 years ago. Patient has not had any success with medications.; This study is being ordered for trauma or injury.; 04/08/2016; There has been treatment or conservative therapy.; Has a knot and has heaviness in her left shoulder and get tension headaches from it. Neck pain as well.; Medication(s): Medrol (Pak) Tablet, 4mg&#x0D; Diclofenac sodium tablet delayed release, 50mg&#x0D; MRI was performed after accident occurred 15 years ago but it came back fine.

Paresthesia, sleeping difficulty, right shoulder pain, decrease ROM and muscle spasms of neck/ back. Has seen a 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.; 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.

patient also has blurred vision; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; dizziness, tingling in head and neck, decreased sensation on left side of body; neuro surgery and medication

PATIENT HAS A STRONG FAMILY HISTORY OF GSS; This study is being ordered for a neurological disorder.; 6/7/2016; There has been treatment or conservative therapy.; FULL BODY SPASMS & BLURRY VISION; Nsaid

Patient has chronic neck and low back pain. Patient is a candidate for epidural steroid injections. MRIs are needed to determine if neurosurgery will be necessary.; This study is being ordered for a neurological disorder.; Cervical pain: 04/2007. Lumbar pain: 04/2005.; There has been treatment or conservative therapy.; Dizziness and headaches. Numbness and tingling of left arm that radiates down to left hand. Neck pain on left and radiating down the left arm. Lower back pain chronic duration. Mild weakness of the left lower extremity was observed. Light touch sensatio; Patient is currently enrolled in Physical Therapy. States it is not helping and that it is worsening her cervical spine pain.

Patient has clinical symptoms of cervical spine pain; weakness and neuropathic pain into her bilateral upper extremities and lumbar spine 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.; 3-08-2015; There has been treatment or conservative therapy.; Numbness and weakness of the extremities; patient has been through physical therapy, medication therapy as well as Epidural Steroid Injections

Patient is a candidate for epidural steroid injections and possible surgical candidate. X-rays indicate diffuse degenerative changes throughout spinal column. Mild to moderate degeneration at C6-7, T6-7, T7-8, and L5-S1. Previous methods of treatment have; This study is being ordered for a neurological disorder.; 1997; There has been treatment or conservative therapy.; Numbness and tingling of both hands, and numbness of the outer sides of both arms. Diminished light touch sensation in the right C7 and L5 dermatomal distribution. Bilateral positive straight leg raise. Chronic cervical, thoracic, and lumbar spine pain. C; Chiropractic Therapy-currently enrolled and it isn't helping. Oral medications-didn't help. Steroid IM injection-didn't help.

Patient is a candidate for epidural steroid injections and surgery. X-rays indicate straightening of the cervical spine, degenerative changes throughout the cervical and lumbar spine. Loss of disk space most prevalent at L3-4 and L4-5. To rule out canal s; This study is being ordered for a neurological disorder.; 04/2000; There has been treatment or conservative therapy.; Numbness and tingling in left lower extremity. Chronic pain that is worsening with moving both upper and lower extremities. Pain radiates down both legs.; oral medication and Physical Therapy.

Patient is a candidate for epidural steroid injections. Study is needed to determine if surgery is necessary.; This study is being ordered for a neurological disorder.; 03/28/1973; There has been treatment or conservative therapy.; Constant numbness and tingling with burning sensations down left arm, and occasional numbness and tingling down right arm. Constant numbness and tingling down left leg with burning sensations across lower lumbar. Stabbing sensations in left lower lumbar. ; Chiropractic Therapy-which worsened symptoms.

Patient needs updated MRI's before he can get an appointment with a specialist/surgeon.; This study is being ordered for a neurological disorder.; Patient has chronic neck and back pain and has had neck and back surgery.; There has been treatment or conservative therapy.; neck and back pain with radiculopathy; Patient has had neck and back surgery and is still having chronic pain.

Pt has chronic pain in his neck, lower back and tailbone. he has possible nerve impingement in the c-spine and l-spine. He has lower back pain that appears to be fused from L4-S1.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1984; There has been treatment or conservative therapy.; Pain in his neck, low back, tailbone with radiculopathy in both extremities upper and lower. patient has possible nerve impingement along with fusion in lower back; Pt has had physical therapy, non steroidal anti-inflammatories,

R/O any further head trauma from fall in a CAVE; This study is being ordered for trauma or injury.; 5/7/16; There has been treatment or conservative therapy.; Closed head injury with headaches and neck pain; Medications and head sutures

R/O degenerative disc disease.; This study is being ordered for Inflammatory/ Infectious Disease.; 5/2/2016; There has not been any treatment or conservative therapy.; Low back pain, lumbar radiculopathy, neck pain.

R/O 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.; 03/29/2016; There has been treatment or conservative therapy.; NECK PAIN, DECREASED MUSCLE MASS; PHYSICAL THERAPY, MEDICATIONS

Reoccurring neck pain that is getting worse as time progresses.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ----TENDER----, RIGHT, C5 area tapping causes shooting pains into the forearm, C6 tapping and light pressure causes shooting electric pains down the radial forearm into the thumb, -----WEAKNESS-----, RIGHT, C5/6 weakness in the biceps and brachioradialis; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Right and left arm numbness; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Decreased reflex



Right shoulder pain with pain radiating down to fingers-dyscoloration of skin and cold to touch. Numbness and tingling occur. c/o radiation pain into upper back. pain worsens with movement and when trying to raise arm. MRI of shoulder was normal. Pt now c; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pinching b/t shoulder blades-positive Lhermitte's sign. pt unable to lift her arm due to pain-c/o weakness also in 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.

See faxed info.; 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.

See 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.; Pt states that he has had f/u with neurosurgery. A c-spine mri was recommended due to onset of numbness and weakness to the bilateral arms that is worse on the right and triggered with positional changes. He has a hx of DDD to the lumbar spine with neurop; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Sensory disturbances c/o facial numbness & tingling on right side. c/o of right arm numbness & tingling. Arms showed abnormalities c/o right arm weakness & numbness. Cervical spine showed abnormalities Pain with movement & palpation. Sensory exam abnormal; This study is being ordered for a neurological disorder.; 5/10/16; There has been treatment or conservative therapy.; Sensory disturbances c/o facial numbness & tingling on right side. c/o of right arm numbness & tingling.; Arms showed abnormalities c/o right arm weakness & numbness.; Cervical spine showed abnormalities Pain with movement & palpation.; Sensory exam abnor; Lyrica 100mg; Tramadol 50mg; Depakote 250mg tablet, delayed release (DR/EC); Cyproheptadine 4mg; Prochlorperazine maleate 10mg; Naprosyn 500mg; nortriptyline 10mg

sudden onset of neck pain with numbness & weakness; no injury noted; physical therapy not helping.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; unable to raise bilat upper extremities; numbness bilateral upper extremities; unable to grasp objects with hands due to 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.

The patient has an ongoing non-radicular neck 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.; This study is 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 9-17-20015; There has been treatment or conservative therapy.; Severe pain and cramping in neck and back along with decreased range of motion.; Medication, PT, Cervical Medial Branch Blocks, Tens Unit

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.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

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.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.

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.

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.

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.

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.

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.

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.

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.; Neck pain: abnormal Cervical spine xray to include 5 cm anterior subluxation C7 on T1: moderate to sever spondylosis distal to C3

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.; Yes, the patient had six weeks of Chiropractic care related to this episode.

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.; abnormal mri done from 2 years ago

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.; None

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

this dizziness and light headed feeling has been an issue now for almost 2 months. Patient has been to PT and referred to an ENT without success. He is now suffering from memory loss. This is affecting his hearing, vision and balance.; This study is being ordered for a neurological disorder.; 03/28/2016; There has been treatment or conservative therapy.; neck pain, dizziness, and change in mental status; patient has seen physical therapy and referred to ENT

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

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; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity 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.; The patient does have new signs or symptoms of bladder or bowel dysfunction.

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?

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.

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.

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.

This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.

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.

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; Yes, the patient is experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This is a request for cervical spine MRI; None of the above; &lt;Enter Additional Clinical Information&gt;; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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.

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.

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.



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.

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.

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.; &lt;Enter Additional Clinical Information&gt;

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.;

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.; &lt;Enter Additional Clinical Information&gt;

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Cervical radiculopathy is a chronic condition, with the patient having previous CT of the cervical spine in 2013 showing DDD, stenosis, multilevel bulging disc, and narrowing of foramin. Patient now with worsening weakness in the left hand grip. Patient

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 reports muscle aches; neck pain. He reports frequent or severe headaches but reports no loss of consciousness, no weakness, no numbness, no seizures, and no dizziness; related to neck pain. He reports sleep disturbances but reports no depression,

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 is having neck pain and has tried over the counter medications with no results; pt has also seen Chiropractor; Chiropractor has done x-rays and says that it shows lose of disc space in the upper 2 vertebra.

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.; Worsening neck pain x 6 mths, dizziness when moving head, abnormal cervical spine xray

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.; &lt;Enter Additional Clinical Information&gt;

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 had numbness and tingling on one side but now it on both side of the hands

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; HAS A PALPATED MASS ON UPPER BACK NEAR C-SPINE AND T-SPINE 6.5 CM X 6 CM. ULTRASOUND PREFORMED AND WAS UNDERTERMINANT. MRI RECOMMENDED PER ULTRASOUND.

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.

This is a request for cervical spine MRI; Trauma or recent injury; Please reference tracking#055532477; No, the patient does not have new or changing neurological signs or symptoms.

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.

This study is being ordered for staging.; This is a request for cervical spine MRI; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

To determine the cause of the patient's chronic pain; This study is being ordered for a neurological disorder.; 08/08/2014; There has been treatment or conservative therapy.; Debilitating neck pain that radiates down into her right shoulder.; Physical Therapy & Home Exercises

unknown new patient; This study is being ordered for trauma or injury.; 2013; It is not known if there has been any treatment or conservative therapy.; Pain in the neck and lower back.

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.; Abnormal muscle strengths in the right upper extremity weakness 3 over 5 muscle 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.

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.; patient is having left arm weakness and reduclar 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.

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.; Weakness in the grasp; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 9/30/2015; There has been treatment or conservative therapy.; pain, spasms, numbness; has been on nsaid and dong PT

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.; 04/15/2016; There has not been any treatment or conservative therapy.; unknown

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2016; There has not been any treatment or conservative therapy.; Neck pain, swollen lymph nodes in neck

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.; Neck mid pain radiating to BIL LE and BIL UE, hands and feet burning.; Medication for Pain

X-ray showed severe degenerative changes that need further evaluation by 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.; unknown; There has been treatment or conservative therapy.; Severe neck and lower back pain with radiculopathy; ibuprofen, medrol, tramadol

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 is a cheerleader. She was thrown and fell on her back and hit her head on 05/05/16. She had CT Cervical spine, head and Lumbar spine came back normal. CT Thoracic spine showed T6 kyphosis and wedging. Per Neurosurgery locally patient needs MRI and

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 5/6/2015; There has not been any treatment or conservative therapy.; Pain in lower back, radiating pain to legs, numbness in legs

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; chronic back pain

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;

&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.; 01/2015; There has been treatment or conservative therapy.; burning and pain radiating to feet; Medication and physical therapy

&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.; 04/22/2016; There has been treatment or conservative therapy.; Pain; pain medications , PT

&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.; 2012; There has been treatment or conservative therapy.; pain and muscle spasms; pain management and medications

&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.; 4/2015; There has been treatment or conservative therapy.; Pain, numbness and tingling, weakness in hands; Medication,

&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.; 4/7/2016; There has been treatment or conservative therapy.; low back pain worsen with bending over.; medication,

&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.; 5/11/2016; There has not been any treatment or conservative therapy.; SEVERE NECK AND BACK PAIN

&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.; 9/16/2015; There has been treatment or conservative therapy.; limited range of motion due to pain and muscle spasms, tenderness, increased pain,; physical therapy

&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.; spondylosis, degenerative disc disease.; There has not been any treatment or conservative therapy.; felt something pop after picking father off the floor.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; none; There has been treatment or conservative therapy.; none; Pain medications

; This study is being ordered for a neurological disorder.; chronic pain, new onset neurological concern 1 month ago; There has been treatment or conservative therapy.; new onset right leg weakness, thoracic spine pain, acute back pain with right leg sciatica; ice, heat, rest, stretching, ROM, NSAIDS, Narcotics, muscle relaxers, tylenol

; This study is being ordered for a neurological disorder.; Enter date of initial onset here December 2012; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for Congenital Anomaly.; on 4/22/16 patient had AP and Lateral view x rays of the t spine due to complaints of shortness of breath and difficulty breathing inspiratory. It revealed Severe right convex scoliosis with apex at about t8 level. Segmentation congenital anomalies are pr; There has been treatment or conservative therapy.; ; Patient has taken steroids, anti inflammatory and attempted physical therapy. PT evaluation recommended an MRI prior to treatment related to results of the xray.

; This study is being ordered for Inflammatory/ Infectious Disease.; 04/09/2016; There has been treatment or conservative therapy.; fall bladder incontinent bowel incontinent pain ging down arms and legs numbness tingling sever pain getting worse; medication not helping

; This study is being ordered for Inflammatory/ Infectious Disease.; 49 yo female noted to have progressively worse daily back pain in the lower thoracic spine & upper lumbar spine. She has had an MRI in 6/2014 that showed DDD w/ slight narrowing of the spinal canal. Please do an MRI to look for bony lesions, spinal cord; 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.; ; 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.; 04/12/2016; There has been treatment or conservative therapy.; Low back pain, abdominal pain, strain of lumber spine; Pain medicines such as Tramadol and oxycodone.



; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about 4/18/2016; There has been treatment or conservative therapy.; weak limbs; numbness of the legs/feet (and in L hand); tingling, headaches, pain, numbness and falling is getting worse; failed conservative therapy - 06/07/16 ,(muscle relaxers, tramadol, hydrocodone); had evaluations by back specialist, had series of 4 shots which helped for about 4-6 weeks. Pt does not have follow up scheduled yet. Normal EMG/NCS study last month.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; unknown; It is not known if there has been any treatment or conservative therapy.; back pain

Further evaluation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago; There has been treatment or conservative therapy.; back pain, polyneuropathy, unsteady gait; Medications

Hard time grasping objects.; This study is being ordered for a neurological disorder.; 01/01/2016; There has been treatment or conservative therapy.; Weakness in all extremities, tingling and numbness, pain in neck and low back.; Medications

He was jumped about a week ago and got hit with a baseball bat in head and on the back. He was seen by Dr. Wright on 5/6/16 and the pain has gotten worse. He feels like 9/10 pain in his back and has numbness down right arm and some weakness down right a; 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.; severe tenderness to upper and mid thoracic spine midline and on the left side at paraspinals, grip strength 1/5 on the left, numbness to entire lateral left side of arm. spasm to the paraspinals on the left, can not abduct arm because of pain as well.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; 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.; The study is being ordered due to trauma or acute injury within 72 hours.; patient has a compression fracture of the T11

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.

Left eye twitching; This study is being ordered for trauma or injury.; 4yrs ago; There has been treatment or conservative therapy.; persistent and severe lumbar and thoracic back pain; PT x6wks

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.; 6/14/2016; There has not been any treatment or conservative therapy.; Back pain, C spine, T spine, and L spine pain.  
Fatigue

Neck and upper back pain for 2 weeks, radiates down left arm. Left hand weakness. ICE therapy and medications ineffective. Went to the ER on 5/25/16 Neck xrays show disc space height loss with endplate osteophyte and sclerosis.; This study is being ordered for a neurological disorder.; 5/13/2016; There has been treatment or conservative therapy.; Cervical pain and radiculopathy plus radiates down left arm (left hand weakness), upper back pain. Symptoms are not improving with ice therapy and medications.; Ice therapy. NSAIDS, muscle relaxers and pain meds are ineffective. Symptoms are not improving.

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.; 2011; There has been treatment or conservative therapy.; Pt has back pain and weakness.; PT and pain management

none; This study is being ordered for trauma or injury.; December 2015; There has been treatment or conservative therapy.; Numbness and tingling down to thighs. Some neck and back pain; Patient has been taking anti inflammatory and ice and rest.

patient had an abnormal mri; needs follow up scan to see what abnormality is.; 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 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.; naproxen 500mg qd; gabapentin 300mg qd; trazodone 50mg

Patient has failed all conservative therapy up to this point!!; This study is being ordered for trauma or injury.; February 2016; There has been treatment or conservative therapy.; She could not bend over at that time because hurt so bad. By time got to work the back pain was so bad was hard to stand. She went to an ED in feb and saw her PT and been doing PT with them. She is taking flexeril at night and doing ibuprofen during th; 2 months of physical therapy and Ibuprofen. She has failed both

Patient is a candidate for epidural steroid injections and possible surgical candidate. X-rays indicate diffuse degenerative changes throughout spinal column. Mild to moderate degeneration at C6-7, T6-7, T7-8, and L5-S1. Previous methods of treatment have; This study is being ordered for a neurological disorder.; 1997; There has been treatment or conservative therapy.; Numbness and tingling of both hands, and numbness of the outer sides of both arms. Diminished light touch sensation in the right C7 and L5 dermatomal distribution. Bilateral positive straight leg raise. Chronic cervical, thoracic, and lumbar spine pain. C; Chiropractic Therapy-currently enrolled and it isn't helping. Oral medications-didn't help. Steroid IM injection-didn't help.

Patient needs updated MRI's before he can get an appointment with a specialist/surgeon.; This study is being ordered for a neurological disorder.; Patient has chronic neck and back pain and has had neck and back surgery.; There has been treatment or conservative therapy.; neck and back pain with radiculopathy; Patient has had neck and back surgery and is still having chronic pain.

Patient's symptoms worsened with physical therapy. Oral medications provided temporary benefit. Patient is a candidate for epidural steroid injections.; This study is being ordered for a neurological disorder.; 05/2013; There has been treatment or conservative therapy.; Worsening chronic radiating low back pain that radiates down bilateral posterior legs with numbness of both legs. Symptoms worsened with physical therapy. Positive left straight leg raise. Light touch sensation is diminished in the lateral left lower extr; Physical therapy and oral medication treatment.

post off hard ware removal; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

Pt has Thoracic aorta 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.; 05/10/2016; There has been treatment or conservative therapy.; Pt has sinus drainage, pain and sinus pressure. T-spine chronic upper back pain. MPI chest pain with hx of hypertension and cardiac hx; SINUSITIS prescribed ABX and lab work

Requesting MRI's for required to refer to specialist; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; We started treating her beginning for symptoms 8-25-15; There has been treatment or conservative therapy.; Reports pain to BLE joints- legs and feet, and mid-upper back. Reports standing and walking make pain worse.; Steroids, anti inflammatories and pain medication

shoulder pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/22/2016; There has not been any treatment or conservative therapy.; back pain

The patient has been symptomatic for years and medication was effective in making symptoms better until 04/09/16. Since then the symptoms have gotten worse can not sit, stand or lay without feeling discomfort.; This study is being ordered for Congenital Anomaly.; years with problems but symptoms have increased since 04/09/2016; There has been treatment or conservative therapy.; Paresthias, dysesthesias, pain, weakness, nerve root pain, pain with straight leg raise; She has taken Hydrocodone PRN,prednisone PRN,and Savella QD

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.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; unknown; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

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.; The patient has had 3 or fewer thoracic spine MRIs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

The patient does have 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.; Inspection: scar mid T from prior Bx; &#x0D; Palpation: pain elicited over the thoracic spinous processes and lumbar spinous processes; &#x0D; Neurovascular: deep tendon reflexes: 0/4 left patellar, 0/4 right patellar, 2/4 left Achilles, ; &#x0D; Muscular Strength: 5/; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; chronic back pain, patient has very large breast.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.; decreased mobility, muscle spasms,; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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&#x0D; &#x0D; &#x0D; chronic Thoracic Back pain; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.; Pt having thoracic pain & abnormal xray; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.

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.

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.

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.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; The patient is experiencing or presenting symptoms of abnormal gait.

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.



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.;  
None

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.

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.

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.;

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.; &lt;Enter Additional Clinical Information&gt;

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.; &lt;Enter Additional Clinical Information&gt;

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.

The patient is presenting new symptoms.; It is not known if the study is for follow up or staging.; 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.

There are documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."

This is a request for a thoracic spine MRI.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits."; The study is being ordered due to pre-operative evaluation.; Patient is being considered for a spinal cord stimulator trial. He has failed injections and two surgeries. He continues to have axial low back pain and pain radiating down his right S1 distribution. He also has neck and bilateral arm pain.

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.; Pt has shingles since 3/2016; Chronic rib pain since 3/23; Pt has an old left rib cage fracture

This is a request for a thoracic spine MRI.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is not a continuation or recurrence of symptoms related to a previous surgery or fracture.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; follow up to a fracture

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.

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?

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.; C-Spine MRI report shows Spinal Cord Questionably deviates. Axial images do not extend through this level. Unclear whether this represents artifact or could be related to some pathology within this area.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; patient did have physical therapy and medications; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.

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.

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.

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.

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.

This is a request for a thoracic spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; History of ganglioglioma. Rule out metastasis. Compression fracture T7-T8

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.; weakness in upper/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 recent evidence of a thoracic spine fracture.

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/11/2016; There has been treatment or conservative therapy.; Back pain radiates, unable to sleep, cannot walk long distance, HX of lupus and spondylitis, pain for a few months and getting worse and medicines not working, ER for pain , did UA and no kidney stones.; Pain management and oral medications

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/9/2012; There has been treatment or conservative therapy.; severe pain.; medications and PT

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Patient has weakness ,limited range of motion , had x-rays with chiropractor vertabrae not aligned, request further scanning, injections didn't help

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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.; upper body 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; numbness in arm leg and pain, neck , and shoulder pain. 1988 had a neck fracture.; physical therapy and medications

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 5/6/2015; There has not been any treatment or conservative therapy.; Pain in lower back, radiating pain to legs, numbness in legs

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; Pt suffers with neck and back pain.; Medication

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; chronic back pain

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; pain medication

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; low ROM, Sciatica and pain radiates to lower extremities, numbness.; medications, tens unit,

&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.; 1/4/2016; It is not known if there has been any treatment or conservative therapy.; back and hip pain

&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.; 2/29/2016; There has not been any treatment or conservative therapy.; memory loss, headache, confusion, stuttering, right sided weakness, dizziness, back pain.

&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.; 2005; There has been treatment or conservative therapy.; Moderate to sever pain Radiating to the left foot. Decreased Mobility and tingling in the bilateral legs.; Physical Therapy and Pain meds.

&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.; 2012; There has been treatment or conservative therapy.; pain and muscle spasms; pain management and medications

&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.; 4/7/2016; There has been treatment or conservative therapy.; low back pain worsen with bending over.; medication,

&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.; 9/16/2015; There has been treatment or conservative therapy.; limited range of motion due to pain and muscle spasms, tenderness, increased pain,; physical therapy

&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.; spondolothesis, degenerative disc disease.; There has not been any treatment or conservative therapy.; felt something pop after picking father off the floor.



&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.; this was on 4/14/2016; There has not been any treatment or conservative therapy.; patient is having lower back pain , and has a history of hip pain.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 6/18/2016; There has been treatment or conservative therapy.; neck pain, back pain, leg numbness and arm numbness; medication,

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; around 02/11/2016; There has been treatment or conservative therapy.; Dizziness; steroids, infeds, pain meds

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; none; There has been treatment or conservative therapy.; none; Pain medications

; The study 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.

; 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

; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left lower extremity has reduced strength compared to the right, DTRs normal in lower extremities, patella reflexes bilaterally. Positive straight leg raise on the left. Decreased sensation of pain in the left foot and ankle.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; RIGHT LEG IS MUCH WEAKER THAN LEFT LEG DUE TO RADIATING 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.

; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

; 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.

; 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.; chronic pain, new onset neurological concern 1 month ago; There has been treatment or conservative therapy.; new onset right leg weakness, thoracic spine pain, acute back pain with right leg sciatica; ice, heat, rest, stretching, ROM, NSAIDS, Narcotics, muscle relaxers, tylenol

; This study is being ordered for a neurological disorder.; This 44 year old female presents with followup of medical issues. the pain is getting worse. her hands and arms are going numb when she sleeps and when she drives. has been unable to drive very long. almost passes out. pain from base of neck to bo; There has been treatment or conservative therapy.; ; six weeks physical therapy done at van buren physical therapy

; This study is being ordered for Congenital Anomaly.; on 4/22/16 patient had AP and Lateral view x rays of the t spine due to complaints of shortness of breath and difficulty breathing inspiratory. It revealed Severe right convex scoliosis with apex at about t8 level. Segmentation congenital anomalies are pr; There has been treatment or conservative therapy.; ; Patient has taken steroids, anti inflammatory and attempted physical therapy. PT evaluation recommended an MRI prior to treatment related to results of the xray.

; This study is being ordered for Inflammatory/ Infectious Disease.; 04/09/2016; There has been treatment or conservative therapy.; fall bladder incontient bowel incontient pain ging down arms and legs numbness tingling sever pain getting worse; medication not helping

; This study is being ordered for Inflammatory/ Infectious Disease.; 49 yo female noted to have progressively worse daily back pain in the lower thoracic spine & upper lumbar spine. She has had an MRI in 6/2014 that showed DDD w/ slight narrowing of the spinal canal. Please do an MRI to look for bony lesions, spinal cord; 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.; ; 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.; ; 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.; pt has back pain that radiates down leg. pt has positive straight leg raising. pt has had NCV that shows entrapment. pt has tried physical and conservative therapy with no improvement.; There has been treatment or conservative therapy.; back pain that radiates down leg. pt has positive straight leg raising. pt can not take regular stride with walking.; pt has tried physical therapy. pt has went to pain management. pt has tried hydrocodone and over the counter medications.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; unknown; It is not known if there has been any treatment or conservative therapy.; back pain

53 year old female patient w/ back pain and radiculopathy. weakness in 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.; weakness in 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.

back pain off and on for 1 year with numbness and tingling; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

back pain, has had trouble with walking over the last 3 days(noted on 6/21/2016); The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

bilateral back pain, radiculopathy, abnormal gait; This study is being ordered for a neurological disorder.; 1 month ago; There has been treatment or conservative therapy.; right leg pain no improvement, numbness and dragging in foot, right hand with tremors; had anti inflammatories

bilateral leg and back pain when walking; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above bilateral leg pain; 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

chronic low back pain, formal PT for over 4 weeks sx are worse with left leg weakness and parasthesias; The study 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.

Continues to complain of neck and back pain.; This study is being ordered for trauma or injury.; 4-26-16; There has been treatment or conservative therapy.; Neck and back pain.; Pt was given Flexeril in the ER and has been started on Ibuprofen and to continue Flexeril and given a Toradol injection during office visit.

Enter answer here - or Type In Unknown If No Info Given; failed steroid injection and po steroids... needs mri ; ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Enter answer here -Pt. has chronic low back pain, with radicular pain, tenderness at L4-L5, Straight Leg Raise causes low back pain and ROM is only FORWARD FLEXION TO KNEES; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

further evaluation; back keeps "going out" on him; The study 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 legs; the pain radiates down; 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.

Further evaluation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago; There has been treatment or conservative therapy.; back pain, polyneuropathy, unsteady gait; Medications

gait difficulties, and weakness in both legs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/20/2014; There has been treatment or conservative therapy.; numbness and tingling in hands and feet, difficulty walking; anti-inflammatory medication, pain medication, muscle relaxer

had pain starting right hip to right leg///tingling and numbness 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

Hard time grasping objects.; This study is being ordered for a neurological disorder.; 01/01/2016; There has been treatment or conservative therapy.; Weakness in all extremities, tingling and numbness, pain in neck and low back.; Medications

hx chronic bil leg pain shooting from buttocks down to feet, describes stabbing, sometimes burning pain, assoc with numbness/tingling feet. does not improve with rest. while followed at pain mgt, had trial lyrica, helped with fibromyalgia, but not leg p; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bilateral leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

LBP; 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.

Left eye twitching; This study is being ordered for trauma or injury.; 4yrs ago; There has been treatment or conservative therapy.; persistent and severe lumbar and thoracic back pain; PT x6wks

Location of pain is middle back and lower back. There is no radiation of pain. The patient describes the pain as sharp and shooting. Context: motor vehicle accident. Symptoms are aggravated by daily activities and movement. The patient denies relieving fact; 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

Lumbar back pain with radiculopathy affecting lower left extremity. Also failed conservative therapy with medications and rest.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

member had 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 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.

MRI needed to refer the member to a neuro DR.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Chronic neck and lumbar pain; Injection, OTC medication, Percocet

MUSCULOSKELETAL: Positive for back pain ( chronic; last MRI was in May 2006 at Baptist in Little Rock and showed bulging lumbar discs at L4-L5 and L5-S1, has been on meloxicam sine March 2016 which does not seem to be helping and is finishing a 12 day ta; This study is being ordered for a neurological disorder.; MUSCULOSKELETAL: Positive for back pain ( chronic; last MRI was in May 2006 at Baptist in Little Rock and showed bulging lumbar discs at L4-L5 and L5-S1, has been on meloxicam sine March 2016 which does not seem to be helping and is finishing a 12 day ta; There has been treatment or conservative therapy.; MUSCULOSKELETAL: gait: antalgic and slowed; Crepitus, Tenderness, Effusion: tenderness noted in the posterior neck over lower cervical spine and bilateral paraspinous muscles grip strength WNL bilaterally &#x0D; SKIN: no ulcerations, lesions or rashes &#x0D; NEURO; has been on meloxicam sine March 2016 which does not seem to be helping and is finishing a 12 day tapering course of prednisone,

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



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.; 6/14/2016; There has not been any treatment or conservative therapy.; Back pain, C spine, T spine, and L spine pain.  
Fatigue

No improvement after 6 weeks of exercises, hot showers, and medication.; The study 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.; Physical exam finds tenderness in the lumbar area, raise up leg positive bilateral lower extremity at 30 degrees, fine touch was deficient bilaterally, power and strength +4 out of 5 bilaterally, deep tendon reflexes +1 out of 2 bilaterally. not able to t; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.; 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.

None; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above

None; 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.

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.; 12/31/2015; There has been treatment or conservative therapy.; The Pt has neck and back pain numbness and tingling of right lower extremities. Pt has history of bulging discs in neck and back; Pt had x-ray, chiropractor since 01/29/2016, Heat and ice rubs, medication therapy. Pt had HEP 01/29/2016

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.; 2011; There has been treatment or conservative therapy.; Pt has back pain and weakness.; PT and pain management

Numbness of both arms, lateral right lower extremity, and lateral left lower extremity. Neck pain bilaterally in trapezius that extends into both shoulders. Muscle spasms in the neck. Low back pain chronic duration. Tenderness of the posterior neck and on; This study is being ordered for a neurological disorder.; 1996; There has been treatment or conservative therapy.; Numbness and tingling of both arms, lateral right lower extremity, and lateral left lower extremity. Neck pain bilaterally in trapezius that extends into both shoulders. Muscle spasms in the neck. Low back pain chronic duration. Tenderness of the posterior; Physical Therapy-worsened symptoms and patient was unable to complete treatment. &#x0D; Chiropractic Therapy-which didn't help. &#x0D; Oral medication-which didn't help. &#x0D; Intramuscular steroid injections-which didn't help.

pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Paresthesia left lower extremeity, History of bulging disc w/nerve impingement at the L5 and S1 to left side.; 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.

Patient c/o severe back pain that started on 6/6/16 and was back in the clinic today, 6/13/16 stating not better. Using Hydrocodone & Soma with little relief. She is having LBP with radiation down the right leg and also c/o pain in the right buttock.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Patient complains of low back pain. The location is primarily in the lower lumbar spine. The pain radiates to the left buttock. This is an acute episode with no prior history of back pain. She states that the current episode of pain started 3 to 4 hou; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

patient had PT and nsaid, which failed.; 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.

Patient has been having 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

Patient has chronic neck and low back pain. Patient is a candidate for epidural steroid injections. MRIs are needed to determine if neurosurgery will be necessary.; This study is being ordered for a neurological disorder.; Cervical pain: 04/2007. Lumbar pain: 04/2005.; There has been treatment or conservative therapy.; Dizziness and headaches. Numbness and tingling of left arm that radiates down to left hand. Neck pain on left and radiating down the left arm. &#x0D; Lower back pain chronic duration. Mild weakness of the left lower extremity was observed. Light touch sensatio; Patient is currently enrolled in Physical Therapy. States it is not helping and that it is worsening her cervical spine pain.

Patient has clinical symptoms of cervical spine pain; weakness and neuropathic pain into her bilateral upper extremities and lumbar spine 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.; 3-08-2015; There has been treatment or conservative therapy.; Numbness and weakness of the extremities; patient has been through physical therapy, medication therapy as well as Epidural Steroid Injections

Patient has failed all conservative therapy up to this point!!; This study is being ordered for trauma or injury.; February 2016; There has been treatment or conservative therapy.; She could not bend over at that time because hurt so bad. By time got to work the back pain was so bad was hard to stand. She went to an ED in feb and saw her PT and been doing PT with them. She is taking flexeril at night and doing ibuprofen during th; 2 months of physical therapy and Ibuprofen. She has failed both

Patient has 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

Patient has seen Dr Randolph Spine Orthopedics in 2014 but will need new imaging in order to receive a new referral for 2016 since the areas have likely worsened due to worsening muscular atrophy.; This study is being ordered for a neurological disorder.; august 2014; There has been treatment or conservative therapy.; Radicular pain uncontrolled as well as weakness of the upper extremities and lower extremities.; physical therapy and pain management at Mercy Pain management to include Radiofrequency nerve ablation of both cervical and lumbar areas. Multiple epidural steroid injections of both areas

Patient is a candidate for epidural steroid injections and possible surgical candidate. X-rays indicate diffuse degenerative changes throughout spinal column. Mild to moderate degeneration at C6-7, T6-7, T7-8, and L5-S1. Previous methods of treatment have; This study is being ordered for a neurological disorder.; 1997; There has been treatment or conservative therapy.; Numbness and tingling of both hands, and numbness of the outer sides of both arms. Diminished light touch sensation in the right C7 and L5 dermatomal distribution. Bilateral positive straight leg raise. Chronic cervical, thoracic, and lumbar spine pain. C; Chiropractic Therapy-currently enrolled and it isn't helping. Oral medications-didn't help. Steroid IM injection-didn't help.

Patient is a candidate for epidural steroid injections and surgery. X-rays indicate straightening of the cervical spine, degenerative changes throughout the cervical and lumbar spine. Loss of disk space most prevalent at L3-4 and L4-5. To rule out canal s; This study is being ordered for a neurological disorder.; 04/2000; There has been treatment or conservative therapy.; Numbness and tingling in left lower extremity. Chronic pain that is worsening with moving both upper and lower extremities. Pain radiates down both legs.; oral medication and Physical Therapy.

Patient is a candidate for epidural steroid injections. Study is needed to determine if surgery is necessary.; This study is being ordered for a neurological disorder.; 03/28/1973; There has been treatment or conservative therapy.; Constant numbness and tingling with burning sensations down left arm, and occasional numbness and tingling down right arm. Constant numbness and tingling down left leg with burning sensations across lower lumbar. Stabbing sensations in left lower lumbar. ; Chiropractic Therapy-which worsened symptoms.

Patient is also having a MRI of the T Spine, wanted to go ahead and do the L spine and have both tests completed at once.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

PATIENT IS IN SEVERE PAIN WITH ANY MOVEMENT AND ITS RADIATING DOWN R BUTTOCK; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Patient is requesting to be referred to Neurosurgeon, and high tech imaging is a must have for this specialist.; The study 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 for years, daily, moderate in intensity. Patient is not improving, gradually getting worse. Symptoms are worse with walking, and lifting. Left hand goes numb often with tingling. Patient is taking naproxen 500, gabapentin 300, and tra; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Patient needs updated MRI's before he can get an appointment with a specialist/surgeon.; This study is being ordered for a neurological disorder.; Patient has chronic neck and back pain and has had neck and back surgery.; There has been treatment or conservative therapy.; neck and back pain with radiculopathy; Patient has had neck and back surgery and is still having chronic pain.

Patient's symptoms worsened with physical therapy. Oral medications provided temporary benefit. Patient is a candidate for epidural steroid injections.; This study is being ordered for a neurological disorder.; 05/2013; There has been treatment or conservative therapy.; Worsening chronic radiating low back pain that radiates down bilateral posterior legs with numbness of both legs. Symptoms worsened with physical therapy. Positive left straight leg raise. Light touch sensation is diminished in the lateral left lower extr; Physical therapy and oral medication treatment.

physical therapy has had 13 treatments;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

post off hard ware removal; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Prior corpectomy:prior fusin at T-12 thru L2.Now with chronic back pain, bilateral.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Pt back pain down right leg, lower back, Meds was causing not being able to go to bathroom, physical therapy tried for a couple weeks, did not help, x ray done and were normal; 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.

Pt had back surgery Dec 14, 2015. Pt had a discectomy. Pt had sudden back pain that is radiating to 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

Pt has chronic pain in his neck, lower back and tailbone. he has possible nerve impingment in the c-spine and l-spine. He has lower back pain that appears to be fused from L4-S1.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1984; There has been treatment or conservative therapy.; Pain in his neck, low back, tailbone with radiculopathy in both extremities upper and lower. patient has possible nerve impingment along with fusion in lower back; Pt has had physical therapy, non steroidal anti-inflammatories,

pt has completed 6 weeks of PT &#x0D; pt has been in pain for over a year; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

pt has emg 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 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.

pt needs to see a Neuro doctor but will need MRI before appointment can be made; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

pt rates intensity 8x10. current medications are flexeril, tylenol #3, and mobic.; This study is being ordered for trauma or injury.; lower back -date unkown&#x0D; right knee -5/15-5/16; There has been treatment or conservative therapy.; lower back pain with tignling and numbness radiating to both lower extremities, more to the right one. right knee pain with swelling, more when ambulating.; pt underwent physical therapy and it made pain worse

pt seen in office on 06/21/16 for low back pain with numbness of right leg, muscle spasms, legs shaking, right leg spasms, numbness in right leg.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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.

PT XRAY HAS SHOWN FRACTURE; This study is being ordered for trauma or injury.; MARCH 2016; There has not been any treatment or conservative therapy.; COCCYGEAL AREA- TENDER- DEMINISHES AS PALPATION UP TO LSPINE. XRAY FROM MARCH OF THIS YEAR SACRAL COCCYGEAL FRACTURE. HAVING PAIN WHILE WALKING/SITTING



RADIATION DOWN THE LEFT LEG, NUMBNESS IN THE RIGHT THIGH, WEAKNESS IN HER RIGHT UPPER LEFT, BOWEL INCONTINENCE, BACK SURGERY DIAGNOSED WITH BULGING DISC AND DEGENERATIVE DISC DISEASE, LEGS ARE BUCKLING, LOSS OF BOWELS JUST FROM WALKING; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

radiculopathy, relief using prednisone, temp - pain comes back, some degeneration , not significant; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Requesting MRI's for required to refer to specialist; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; We started treating her beginning for symptoms 8-25-15; There has been treatment or conservative therapy.; Reports pain to BLE joints- legs and feet, and mid-upper back. Reports standing and walking make pain worse.; Steroids, anti inflammatories and pain medication

Severe back pain, difficulty standing and walking.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

She exhibits decreased range of motion, tenderness, bony tenderness, deformity (hard knot palpable) and pain. She exhibits no swelling, no edema, no laceration, no spasm and normal pulse. &#xOD; &#xOD; Positive for tingling and paresthesias. Negative for weakness.; The study requested is a Lumbar 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

she has pain in her lower back with radiation into her left groin, and left leg.; 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.

shoulder pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/22/2016; There has not been any treatment or conservative therapy.; back pain

Since 2006 pt has had pain and numbness in leg. Family hx of arthritis, radiating down to the L hip. Lower leg neuropathy.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above stenosis; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above tenderness, chronic pain radiating to he 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

The patient has been symptomatic for years and medication was effective in making symptoms better until 04/09/16. Since then the symptoms have gotten worse can not sit, stand or lay without feeling discomfort.; This study is being ordered for Congenital Anomaly.; years with problems but symptoms have increased since 04/09/2016; There has been treatment or conservative therapy.; Paresthisias, dysesthesias, pain, weakness, nerve root pain, pain with straight leg raise; She has taken Hydrocodone PRN, prednisone PRN, and Savella QD

The patient has an ongoing non-radicular neck 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.; This study is 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 9-17-20015; There has been treatment or conservative therapy.; Severe pain and cramping in neck and back along with decreased range of motion.; Medication, PT, Cervical Medial Branch Blocks, Tens Unit

The Pt has back aches x 4 months. Pt has had PT.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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?

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.

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.

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.

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.

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?

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 completed 6 weeks or more of Chiropractic care.

The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

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

The study requested is a Lumbar Spine MRI.; Known Tumor with or without metastasis; The patient does have new or changing neurologic signs or symptoms.; The patient does 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.

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.

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.

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.

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.

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 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?

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.

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

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected infection or abscess

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

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

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

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

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 Neurological deficit(s)

The study requested is a Lumbar Spine MRI.; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess

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.

There has not been any improvement with greater than 10 visits to the physical therapist; The study 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 ROM (lumbar spine) and tenderness (midline lumbar spine from L1-5). muscle weakness The pain is a constant dull ache in the lumbar area without radiation. The pain is constant and waxing and waning and intensity based on activity levels. Pain is w; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

thigh pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

trying to refer to a neuro surgeon and wont see him until he has had a mri; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

unknown new patient; This study is being ordered for trauma or injury.; 2013; It is not known if there has been any treatment or conservative therapy.; Pain in the neck and lower back.

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.; weak in the legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

UNKNOWN; This study is being ordered for a neurological disorder.; A COUPLE OF MONTHS AGO; There has been treatment or conservative therapy.; RIGH LEG PAIN, RIGHT FOOT NUMBNESS, LOW BACK PAIN; X-RAYS AND MEDICATIONS

unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 9/30/2015; There has been treatment or conservative therapy.; pain, spasms, numbness; has been on nsaid and dong PT

unknown; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has not been any treatment or conservative therapy.; Shortness of breath associated with chest pain

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.; 12/2015; There has been treatment or conservative therapy.; patient is having low back pain and leg pain and numbness on hands and feet.; patient has been taking inceds and muscle relaxer did not help and physical therapy for 6 weeks.

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2008; It is not known if there has been any treatment or conservative therapy.; patient is having neck and back pain.

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/11/2016; There has been treatment or conservative therapy.; Back pain radiates, unable to sleep, cannot walk long distance, HX of lupus and spondylitis, pain for a few months and getting worse and medicines not working, ER for pain , did UA and no kidney stones.; Pain management and oral medications



unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/9/2012; There has been treatment or conservative therapy.; severe pain.; medications and PT

Weight loss 9 lbs in 4 days. Pain is so severe, has kept him from doing anything. 3/25/16 onset 3/25-3/30-4/4-4/8 office visits for same issue, related to same problem.; 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.; Left knee weakness, "feels like it wants to give out", difficulty walking, pain is so bad it is hard to walk, muscle spasms, numbness and tingling in back and knee.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

will fax clinicals; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above

Worsening lower back pain. PT was initiated but pain worsened. Ibuprofen/Mobic has not helped.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

x ray showed severe vertebral spurring and spacing at L4-5, and L5-S1. MDO thinks she may have myelopathy.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

X-ray showed severe degenerative changes that need further evaluation by 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.; unknown; There has been treatment or conservative therapy.; Severe neck and lower back pain with radiculopathy; ibuprofen, medrol, tramadol

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.  
; 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.

; 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.

; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

Abnormal x-ray, coccyx pain; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

ACUTE PROSTATITIS,CONSTANT PERINEUM PAIN,WORSENING,DYSURIA,URINARY FREQUENCY,URINARY HESITANCY,FEVER,CHILLS,GENERAL MALAISE,R/O PROSTATITIS;; 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.

Enter answer here - or Type In Unknown If No Info Given; previous radiology recommending CT Pelvis without contrast to rule out metastatic disease, multiple myeloma, or plasmacytoma. Patient has pain radiating to buttock; 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.

Fractured Coccyx.; 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.

has a soft tissue mass on left buttock seen on ultrasound; 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.

hematuria, fatigue, lesions on penis; 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.

Hernia; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

Patient has a history to coccyx. Has had continued pain. No improvement after use of anti-inflammatory for 6 months. NO improvement after physical therapy after 6 weeks. Physician is concerned xray of coccyx isn't sensitive enough to detect injury.; 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.

Patient is experiencing bloating and pain in her abd and pelvis area. She has already had this done on 5/13/16 when she was approved for her ABD CT. This was recommended by the radiologist.; 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.

Pt has chronic pain in his neck, lower back and tailbone. he has possible nerve impingement in the c-spine and l-spine. He has lower back pain that appears to be fused from L4-S1.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1984; There has been treatment or conservative therapy.; Pain in his neck, low back, tailbone with radiculopathy in both extremities upper and lower. patient has possible nerve impingement along with fusion in lower back; Pt has had physical therapy, non steroidal anti-inflammatories,

pt has constant severe pelvic pain for several weeks. fibroids and enlarged uterus on ultrasound; 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. reprocessed for Ct Pelvis only per Dr West from tracking 055533230; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

treated in local ER for the abscess and seen in clinic and the mdo found hardened areas as is concerned there is one or more abscess; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are 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.

Unknown.; This study is being ordered for trauma or injury.; 3/19/2016; There has been treatment or conservative therapy.; Sever back pain. Difficulty sitting. Decreased range of motion.; OTC Medication and Ice and Heat.

Unknown; 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.

&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.; 5/16/2016; There has not been any treatment or conservative therapy.; Abdominal pain.

; 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.; Patient has had abdomen pain since February 3rd. She has also been diagnosed with IBS and epiploic appendagitis.; There has been treatment or conservative therapy.; persistent abdomen pain; Patient has tried Prilosec 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.; pt has back pain that radiates down leg. pt has positive straight leg raising. pt has had NCV that shows entrapment. pt has tried physical and conservative therapy with no improvement.; There has been treatment or conservative therapy.; back pain that radiates down leg. pt has positive straight leg raising. pt can not take regular stride with walking.; pt has tried physical therapy. pt has went to pain management. pt has tried hydrocodone and over the counter medications.

Bilateral trochanteric bursitis with mild Bilateral Degenerative joint disease. xrays show mild djd. Walking hurts hips. Injections have failed. Physical therapy has failed. NSAIDS have failed. The pain has benn going on for several years but getting to; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Chaperone in room. Hyperalgesia to light touch of right groin around catheterization site. Scant amount of bruising. Painful in same area with any movement.; 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

CT WAS NEGATIVE AND LABS WERE CRITICAL; This study is being ordered for Inflammatory/ Infectious Disease.; LABS WERE DONE TODAY. PATIENT NEEDS MRI IMMEDIATELY; There has not been any treatment or conservative therapy.; PATIENT HAS LIVER ENZYMES OF ALT 1 1069; ALK PHOS 270; AST 1 591

Enter answer here - or Type In UnknownMs. Smoke presents with a diagnosis of pheochromocytoma. This was diagnosed 5 years ago. The course has been progressively worsening. It is of moderate intensity. Aggravating factors include outside temp 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.; Ms. Smoke presents with a diagnosis of pheochromocytoma. This was diagnosed 5 years ago. The course has been progressively worsening. It is of moderate intensity. Aggravating factors include outside temp elevation. \*\*\* \*\*\*\*\* \*\* \*\*\*\*\* \*\*\* \*\*; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If NMs. Smoke presents with a diagnosis of pheochromocytoma. This was diagnosed 5 years ago. The course has been progressively worsening. It is of moderate intensity. Aggravating factors include outside hip pain, x-ray was ABN, showed sclerosis; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Mass found; 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.

PT SLIPPED AND FELL DIRECTLY ON HER BUTT.. R/O FRACTURE; 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.

PT XRAY HAS SHOWN FRACTURE; This study is being ordered for trauma or injury.; MARCH 2016; There has not been any treatment or conservative therapy.; COCCYGEAL AREA- TENDER- DEMINISHES AS PALPATION UP TO LSPINE. XRAY FROM MARCH OF THIS YEAR SACRAL COCCYGEAL FRACTURE. HAVING PAIN WHILE WALKING/SITTING

This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A tumor or mass was noted on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.

This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.

This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

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.

Patient with right arm pain with abnormal thickening on X-ray at site of pain, probable fracture.; 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



There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint

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.

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.

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.

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.

pain and limited range of motion; This study is being ordered for trauma or injury.; 03/12/16; There has been treatment or conservative therapy.; pain and limited range of motion; duexis

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

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.

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.

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.

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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; HOME EXERCISE DONE FOR 3 MONTHS WITH NO IMPROVEMENT; PERDISONE, MOBIC.; The patient received medication other than joint injections(s) or oral analgesics.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2/8/2015; There has been treatment or conservative therapy.; neck pain radiating to both arms, numbness tingling, shoulder pain, limited ROM, inability to raise arm above head; naproxen,hydrocone for 8 weeks, PT for 6 weeks

&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.; 5/16/2016; There has been treatment or conservative therapy.; shoulder pain radiating down left arm, neck pain, numbness, tingling, popping; Back Adjustments, medications, injections

&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.; unknown; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 5/20/16 MVA; There has been treatment or conservative therapy.; Shoulder pain, decreased range of motion, positive lift off test, neck x-ray loss of disc space c5-6, C6-7, worsening pain and spasms.; Naper, Tylenol #3, xray was negative on 5/25/16, Changed medications to hydrocodone on office visit #2 5/31/16.

; 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.

; This study is 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 left shoulder pain that started a couple of weeks ago. She has had an xray which showed which showed mild degenerative changes. Patient is still in alot of pain and not able to lift arm.; There has been treatment or conservative therapy.; Patient Shoulder makes a popping sound, and hurts to lift it up. She continues to have right hip, knee, and ankle pain.; Acute left shoulder pain.; Right leg pain.; Low back pain potentially associated with radiculopathy; Patient was given a steroid shot in office and also continued on Ibuprofen for pain.

; This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; chronic neck and right shoulder pain with radiculopathy and decreased ROM, worsened over past month; Physical therapy and has seen chiropractor. Has taken NSAIDS

Also she has right shoulder pain; was sent to Dr. Garlow, orthopedics; we have the initial note from May 2015; states he was going to get an MRI, and she says that never got done.; 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.; The patient received oral analgesics.

Arthropathy, unspecified (M12.9).&#x0D; The patient had the following test(s) completed today Antinuclear Antibodies, ANA, IFA and Rheumatoid Factor (RF) IgM.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/15/2015; There has been treatment or conservative therapy.; Patient complaining of left neck and shoulder pain. Worsened with movement. Primarily in the neck at the current time discussed MRI of the neck as sounds like radiculopathy. Patient does a lot of heavy lifting with his work. Paresthesias with numbness; Mobic 15 mg tablet&#x0D; take 1 tablet by oral route every day&#x0D; 05/12/2015

dresser fell on her shoulder several weeks ago, has been on medication and tried physical therapy, but was too painful, cant sleep, hurting worse, loss of range of motion; 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.

He was ran over by a vehicle about ten years ago and has had a lot of pain off and on since then.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; He has a lot of shoulder and Cspine pain. He was ran over by a vechicle ten years ago and has had problems off and on since then but it's been really bad the past week.; Has tried anti-inflammatories, home exercises and alternating between heat and ice.

MVA accident 5/22/16; r/o rotator cuff tear or torn ligament; 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.

pain and limited range of motion; This study is being ordered for trauma or injury.; 03/12/16; There has been treatment or conservative therapy.; pain and limited range of motion; duexis

pain at left elbow radiates up to shoulder normal xray.; 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.

pain getting worse tingling down arm and fingers pain from shoulder to fingers can't lift arm without severe pain in 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.

PATIENT C/O PAIN IN LEFT SHOULDER AFTER FALLING DOWN STAIRS.; 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.

Pt had 1 or 2 seizures as a kid; Pt has a hematoma; Mdo wants to eval for new seizures; No meds for seizure; This study is being ordered for trauma or injury.; 5/31/16; There has been treatment or conservative therapy.;

Headaches; Dizziness; Loratab

R/O 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.; 03/29/2016; There has been treatment or conservative therapy.; NECK PAIN, DECREASED MUSCLE MASS; PHYSICAL THERAPY, MEDICATIONS

tender on the spect wrist and tender on the snuffbox; 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.

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.

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.

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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.

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.";

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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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 right shoulder x ray and shoulder pain for about a month. Tylenol has been used but is not helping with the pain.

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, rotation painful

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."; evulating for a rotator cuff tear.

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."; Joint and shoulder pain

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 that radiates down arm. calcific tendinopathy present. patient states when she lifts or moves her left arm it causes extreme pain to her shoulder. patient tried physicl therapy could not tolerate.

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; MDO requesting to bypass clincials

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."; numbess tingling in L arm and hand

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 came into clinic with complaints of pain to right shoulder that radiates into neck. Denies any known trauma at this time. Upon examination pain was noted more in rotator cuff with obvious tenderness noted. Decreased strength was noted and patie



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 had a motorcycle accident on 05/31/16 and landed on his right shoulder. He continues to have pain and decreased ROM. Xrays were done and negative for a fracture. MRI is to rule out possible rotator cuff tear and/or labral tear

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient is having issues of range of motion, not able to lift up her arm or use of her shoulder. Patient had a x-ray that showed Osteoarthritis. She is also hearing popping sounds in her shoulder.

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

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 tendinitis.

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

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 started more than a month ago, the pain is located in the left shoulder, Aggravating factors include movement raising arm horizontal, working overhead, rotation of the shoulder, Associated symptoms include limited range of motion, Medicat

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

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."; Will fax clinicals

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.;

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 cannot lift left upper limb, ROM restricted severely. Suspected rotator cuff tear.

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 pain and we did plain films. they showed nothing. patient also has been prescribed tramadol on 4-5; which helped some, and then the patient pain had gotten worse.

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 had an xray, xray showed that there is chronic widening of the right acromioclavicular joint. severe pain.

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 suddenly locked up. shoulder revealed clinking and grating sensation upon physical exam

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

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-ray was performed

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.

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.

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.

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.

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.; Xray shows mild degenerative changes; 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.

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.;

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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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.; Decreased ROM xray

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.; decreased ROM, empty can positive, can not sleep on that side due to pain, r/o rotator cuff tear

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Left shoulder pain 2/2 to fall, xray neg, Active Range of Motion Left: pain w/ abduction over 90,limited motion and previous injuries

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.; MD suspects rotator cuff tear.

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.; new to mdo; chronic pain w/r shoulder; difficulty picking up things; pain radiates down the right arm into hand

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; pain with active and passive abduction at 110-120 degrees, tenderness, palpation, drop arm with pain,

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 had injury about a week ago

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 had prior surgery before on her rotator cuff and patient recently fell causing the pain in her shoulder

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 complaining of left shoulder pain with decreased ROM, numbness and tingling.

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 complains of pain, and weakness, increased, naproxen and Ibuprofen, limited range of motion, x-ray on 5/26/16

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 been referred to orthopedic surgeon, unable to lift his arm and is suspecting a torn rotator cuff

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 chronic continued shoulder pain following shoulder pain. Feel this could be due to implant irritation or possible AC joint arthritis. His last scheduled MRI was in 2014

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 just started medication, pain has gotten worse recently

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; It is not known if the patient is experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.

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.

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.

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.

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.

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.; office visit on 5/18/16:Pt presents with complaints of persistent right shoulder pain. It has been bothering him for several years but has been stable. Yesterday he leaned on something with his right arm and felt/heard a loud pop in his right shoulder and

The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are no documented physical or plain film findings of delayed or failed healing.; It is not known if there are physical or plain film findings of prosthetic device dislocation.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are no documented physical or plain film findings of delayed or failed healing.; There are no documented physical or plain film findings of prosthetic device dislocation.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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 A POSSIBLE RIGHT ROTATOR CUFF TEAR

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 PROBABLE RIGHT ROTATOR CUFF TEAR.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Rule out rotator cuff tear

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.

The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are no physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The 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.

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.

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.

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?

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).



The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).

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?

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).

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 not normal.; The plain films were not normal.

The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The ordering physician is not an orthopedist or infectious disease specialist.; The patient has had recent plain films of the shoulder.; The plain films were normal.; /u r shoulder pain. f/u bilateral hand numb in median nerve distribution bilaterally. pain is back worse than what was. was trying to catch trash can and hurt worse. therapy was helping. got camper out of deer camp and hurt it. still with some loss of rom

The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The ordering physician is not an orthopedist or infectious disease specialist.; The patient has had recent plain films of the shoulder.; The plain films were normal.; Patient has limited ROM and increasing pain in (L) shoulder. He has been running a fever for 4 days. X-rays are normal. Conservative measures and medication have been ineffective in managing pain

The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The ordering physician is not an orthopedist or infectious disease specialist.; The patient has had recent plain films of the shoulder.; The plain films were normal.; Pt states that he injured his shoulder about a month ago at work. He works installing fire sprinklers and has to lift and carry a lot of heavy objects and works with his hands raised above his head most of the time

The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The ordering physician is not an orthopedist or infectious disease specialist.; The patient has had recent plain films of the shoulder.; The plain films were normal.; worsening shoulder pain, decreased range of motion, failed PT and NSAIDs

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.

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.

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.

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.

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 not being ordered by an operating surgeon for pre-operative planning.

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 not being ordered by an operating surgeon for pre-operative planning.

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.

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.

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.

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.

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.

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.

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

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.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

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.

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.

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.

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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; pain, swelling, inflammation

; 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.

; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;

patient has completed 6 weeks pt, anti inflammatories and has had an abnormal xray; This study is being ordered for a neurological disorder.; 01/20/2016; There has been treatment or conservative therapy.; weakness and pain; 6 weeks of PT, anti inflammatories and pain medicine, xray that was abnormal



pt has lipoma on right thigh. need CT to assess if it is growing and pushing on nerves.; 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.

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.

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.

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 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 has a documented limitation of their range of motion.

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.

This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is 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 been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.

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.

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.

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

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.

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.

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.

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.

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.

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.

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.

x-rays done at Urgent care date of injury. suggest CT to rule out fracture of left femoral neck; This study is being ordered for trauma or injury.; 5/1/16; There has not been any treatment or conservative therapy.; pain in left hip and into thigh Unknown; This study is being ordered for Vascular Disease.; 6/23/2016; There has been treatment or conservative therapy.; Bilateral extremity pain and swelling, low blood flow to ankles and feet; Conservative therapy  
Yes, this is a request for CT Angiography of the lower extremity.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; no relief after home exercise 6 weeks; The patient received oral analgesics.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 8 months ago; There has been treatment or conservative therapy.; weakness, buckling knees, unstable, pain,; chiropractic  
&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.; 1/4/2016; It is not known if there has been any treatment or conservative therapy.; back and hip pain

&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.; 2 years ago; There has been treatment or conservative therapy.; The patient has knee pain & hard time walking & knees are buckling & has swelling to the knees.; patient is on medication & has x-rays & exercise

&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.; chronic for years; There has been treatment or conservative therapy.; chronic back pain, numbness, tingling throughout back, knee pain behind knees bilateral.; Physical therapy 8 wks

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 30 years ago; There has been treatment or conservative therapy.; swelling of both knees, pain in both knees, joint pain, stiffness,; in military when happened, they don't have those records, per patient, medication and home exercise

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 6/7/2016; There has been treatment or conservative therapy.; left and rt knee pai, severe decreased ROM, pain worse when standing, and walking. HX of tear on rt knee. Had Osteoarthritis in both knees. Using a knew brace. Neurological disorder and not a trauma.; X rays were done, recommended mri to rule out for meniscus tear.

. PATIENT SEEN IN PROVIDER OFFICE ON 06/02/2016 FOR COMPLAINT OF PAIN AND SWELLING IN BILATERAL ANKLES AND FOOT DUE TO INJURY, BOTH ANKLES SWOLLEN, RT ANKLE SPRAIN ONE YEAR AGO AND INJURED AGAIN RECENTLY WITH ONSET OFSOME FOOT DROP AND DRAGGING WITH GAIT; This study is being ordered for trauma or injury.; MRI REQUESED DUE TO DIAGNOSIS OF INJURY, FOOT DROP, AND PAIN SWELLING; It is not known if there has been any treatment or conservative therapy.; PAIN, SWELLING, ONSET OF FOOT DROP AND DRAGGING FOOT WITH AMBULATION, INCREASE LAXITY ANKLE

; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.

; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.; No, the member do not experience a painful popping, snapping, or giving away of the knee.

; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.

; 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.; There is conservative treatment other than physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.; No, the member do not experience a painful popping, snapping, or giving away 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.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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.; 3 months ago-January 1, 2016; There has been treatment or conservative therapy.; Swelling, severe pain, instability; Icy hot, ibuprofen, ice/heat, tylenol 4

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Elbow- 1mo ago; Knee-mos ago; There has been treatment or conservative therapy.; Elbow pain x 1mo sharp and severe no improvement with steroids and PT; swelling with joint effusion; Knee pain; abnormal gait; tenderness; moderated degen changes on xray; Anti-inflammatory, Cortisone, Pain Meds and 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.; Patient has mass on left lower leg and lower extremity pain to touch or palpation below tibial tuberosity just left of the tibia for 3 months. Reports pain 8/10 to touch and 10/10 to palpation. X-ray indicates a prominent soft tissue along the distal ante; It is not known if there has been any treatment or conservative therapy.; Left leg mass and lower extremity pain.  
Broken tibia shown on xray; 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.

chronic knee pain/limited range of motion; 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.

his Knee x-ray shows middle compartment syndrome. I do not see soft tissue swelling. pending official x-ray report. &#x0D; failed aspiration of synovial fluid. He got Demerol and Phenergan shot for pain. Rx for hydrocodone/APAP 10/325mg. &#x0D; I will request for; 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.

ice and heat on her leg; 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.; There is no conservative treatment of Physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.; Yes, the member experience a painful popping, snapping, or giving away of the knee.

Joint instability limping swelling; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has 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.; 6 weeks failed trx; The patient received oral analgesics.

left foot pain; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.

Left medial knee pain (M25.562), Worsening.&#x0D; MRI knee.&#x0D; Today's instructions / counseling include(s) take medications as directed, take medications as directed, RICE and RICE.&#x0D; Low back pain of over 3 months duration (M54.5), Worsening.&#x0D; counseled--try me; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; knee pain &#x0D; Onset: 3 years ago. Location: left knee. The pain is aggravated by walking and standing. Associated symptoms include joint tenderness, limping, popping, weakness and grinding. Pertinent negatives include numbness, tingling in the arms and t; Patient has been seen by chiropractor,&amp; at home physical therapy

Multiple level sclerosis of the posterior elements. Patient has history of pain and instability of the right knee that makes me concerned of ligamentous or internal derangement of the knee. The patient also complains of pain in the lumbar spine X-ray show; This study is being ordered for trauma or injury.; april 2016; There has been treatment or conservative therapy.; persistent pain and instability in the right knee. And pain in the lumbar spine; medication and steroid injection

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.

none; This study is being ordered for Inflammatory/ Infectious Disease.; 2/26/2016; There has been treatment or conservative therapy.; Knee pain to both knees. Inflammation to both knees; Steroid injections done to both knees. Meloxicam and Ibuprophen over the counter

Pain in the leg, mass in the leg; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-2 MONTHS AGO; There has not been any treatment or conservative therapy.; Pain, mass PAIN; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.

pt c/o left knee pain; intensity worse with exercise. pt denies any trauma, except he might have injured knee during football season.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; It is not known if the member experience a painful popping, snapping, or giving away of the knee.

Pt had a prev l lateral meniscus tear and had surgery in 2009; 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.

Pt had traumatic knee injury to right knee 24 hours ago with an audible pop. The injury resulted in knee pain, swelling, locking, and popping.; 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.

Pt has decreased ROM, swelling, and extreme pain in Lt 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.

pt rates intensity 8x10. current medications are flexeril, tylenol #3, and mobic.; This study is being ordered for trauma or injury.; lower back -date unknown; right knee -5/15-5/16; There has been treatment or conservative therapy.; lower back pain with tingling and numbness radiating to both lower extremities, more to the right one. right knee pain with swelling, more when ambulating.; pt underwent physical therapy and it made pain worse

R/O MMT; This study is 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.; Knee pain bilateral swelling; Xrays

STARTED EXPERIENCING LEFT KNEE PAIN A WEEK AGO. NO INJURY OCCURRED. HAVING INCREASED PAIN WITH WALKING, UNSTEADY GAIT, SWELLING.; 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.

tenderness on right knee physical exam, positive mcmurrays and lockmans; 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.; unknown, but knows patient has not improved; Tylenol with cendene, cannot take any inceds; The patient received medication other than joint injections(s) or oral analgesics.

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.

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.

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.

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.

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.

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.

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.

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.

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.

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.

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.

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.

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.

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.

This is a request for a Knee MRI.; 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; Instability

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.; ; Known or Suspected Joint Infection

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Locking

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days



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.

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; It is not known if the member experience a painful popping, snapping, or giving away of the knee.

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.

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.

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.

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.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; It is not known if the member experience a painful popping, snapping, or giving away of the knee.

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.

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.

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.

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.

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.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.

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.

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.

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

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

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

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

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

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Instability

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; Limited range of motion

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; Locking

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

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

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.

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; It is not known if the member experience a painful popping, snapping, or giving away of the knee.

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.

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.

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

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; &lt;Additional Clinical Information&gt;; Suspicious Mass or Suspected Tumor/ Metastasis

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; Condrocalcinosi bone tumor tibia; Suspicious Mass or Suspected Tumor/ Metastasis

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; Patient has a cyst in the back of his left knee needs to be further evaluated; Suspicious Mass or Suspected Tumor/ Metastasis

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days

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

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.

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

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy

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.; Physical Therapy

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

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

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

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program

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; No, the member do not experience a painful popping, snapping, or giving away of the knee.

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; No, the member do not experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The study is not requested for knee pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.

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?

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

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.

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?

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).

This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is not an orthopedist.; Pre-operative Evaluation; Locking

This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is not an orthopedist.; Pre-operative Evaluation; Locking

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.



This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

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 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

To determine the cause of patient's pain so appropriate treatment can be started.; This study is being ordered for trauma or injury.; June 2, 2016; There has been treatment or conservative therapy.; Patient states she cannot use right shoulder without pain shooting into her neck. Patient states she feels like she has 'pins and needles' in her right foot. Patient describes pain as 'excruciating'; Patient prescribed hydrocodone for pain management. Patient had an injection from orthopedic MD (Dr. Richardson) which patient stated helped for a few days but then wore off.

Xray showed no fracture foot/ankle. Patient has had pain for four months now, not getting better.; This study is being ordered for trauma or injury.; 03/01/2016; There has been treatment or conservative therapy.; Swelling, Weakness, Pain; Ice-elevate foot-NSAIDS

&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.; Feb 2016; There has not been any treatment or conservative therapy.; Pt has is having pain in the hip and thigh that radiates down to the left leg, tender, difficulty ambulating

; This study is 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.;

; This study is 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 clinicals faxed; It is not known if there has been any treatment or conservative therapy.; chronic back pain, pain in right hip

Pain has increased in severity in the past 2 m. Patient was seen in Dec with x-rays showing arthritis of both hips. Physician has high concern for avascular necrosis. On today's exam pain on weight bearing and decreased range of motion on exam; This study is being ordered for Vascular Disease.; Pain increasing in nature - x-rays in December showed arthritis - pain is worsening causing decreased range of motion on exam and painful weight bearing. High concern for avascular necrosis - pt needs MRI bil hips to evaluate for avascular necrosis; There has been treatment or conservative therapy.; Decreased weight bearing, painful range of motion on exam; In December given home exercises and anti-inflammatories with IM inj and Po steroids

This is a requests for a hip MRI.; 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.; The hip pain is due to a mass.; The request is for hip pain.

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.

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.

This is a requests for a hip MRI.; There is a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.

This is a requests for a hip MRI.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; The hip pain is due to a recent injury.; The request is for hip pain.

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 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.

This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient 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.

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.

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.

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 used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.

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 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).

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.

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).

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.



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 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.

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

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.

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.

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 been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.

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.

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

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.

UNKNOWN; This study is being ordered for a neurological disorder.; A COUPLE OF MONTHS AGO; There has been treatment or conservative therapy.; RIGH LEG PAIN, RIGHT FOOT NUMBNESS, LOW BACK PAIN; X-RAYS AND MEDICATIONS

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; It is not known if this patient is experiencing hematuria.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria,

Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

&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.; 3YRS AGO; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&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.; 4-5-2016; There has not been any treatment or conservative therapy.; pain, and headaches

; 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.

; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;

3/8/2016 Ct show multiple abnormalities; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;

2/23/2016; There has been treatment or conservative therapy.; Pain 10/10, UTI, Renal calculi; Pain medication

Abd swelling hx of Hepatitis elevated LFT's; 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.

Abdominal mass : Patient has a fleshy abdominal mass approximately 5 cm x 3 cm on the lower inferior aspect of the right rib cage. Mass is confined to the fatty tissue just below the level of the skin, there is no involvement into the abdominal wall. Free; 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.

Abn weight loss family hx of ca change in bowel habits; 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.

Abnormal US of abdomen showing 17 mm circumscribed hypoechoic lesion pancreatic head. Multiphasic; pancreatic mass protocol CT versus MR are recommended.; 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.

Calcification of Spleen; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Evaluate adrenal function after hypertension diagnosis; This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; It is not known if there is evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.

Family history of cancer, personal history of lung nodule,make sure there is no underlying cancer causing his weight loss, especially since he smokes.Loss of appetite.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Lesion of right hepatic lobe; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

lesions in the liver noted as incidental finding on CT CHEST W/O 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.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.

Mrs. Gavin has elevated liver functions and ultrasound showed slight irregularity needing further evaluation with CT liver multiphasic.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

none; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.

none; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

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.; 03/22/2016; There has not been any treatment or conservative therapy.; unknown



Patient with a history of thyroid CA now bloated increasingly r/o partial obstruction.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis pt complaining of abdominal pain for several weeks now.; 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.

PT HAS WORSENING NAUSEA AND DIZZINESS AND UNEXPLAINED LEFT LOWER QUADRANT ABDOMINAL PAIN. PT HAS CHRONIC NAUSEA WITH OCCASSIONAL EMESIS. HAD ABDOMIAL ULTRASOUND DONE IN JULY 2015 WHICH REVEALED GALLSTONES WITHOUT ACUTE CHOLECYSTITIS.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

pt is having abdominal pain x 6 days with nausea and vomiting; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis  
r/o pulmonary embolus, Aneurysm, or liver adenopathy; This study is being ordered for Inflammatory/ Infectious Disease.; 2-3 months ago; There has not been any treatment or conservative therapy.; Dull pain in upper back, unable to sleep, shortness of breath on exertion.

R/O umbilical hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

right abnormal pain for the past 3 months; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Severe RLQ pain with some guarding and RUQ pain as well but neg murphy; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

swelling , pain,; 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.

The patient has abdominal pain with fatigue. She has lost 7 pounds in the last three months. Routine lab work is normal.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

This is a request for an Abdomen CT.; 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.; 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.; 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.; 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.

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.

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.

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.; Caller does not know if there is a known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Diabetic patient with gastroparesis.

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Lymphadenopathy.

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month

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.

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 physical findings or lab results indicating an intra-abdominal bleed.

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 recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.

this is a three month follow up to a known mass, has 1.5 cm on right lobe of the liver , three follow up is recommend by radiologist, biopsy would be difficult; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.

Ultrasound shows a questionable small hernia containing fat.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

Unknown; 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.

unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis



This is a request for CT Angiography of the Abdomen and Pelvis.

&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.; 04/04/2016; There has not been any treatment or conservative therapy.; type two diabetes,

unknown; This study is being ordered for Vascular Disease.; 12/1/2015; There has not been any treatment or conservative therapy.; Aneurysm they are monitoring it

Unknown; This study is being ordered for Vascular Disease.; 6/23/2016; There has been treatment or conservative therapy.; Bilateral extremity pain and swelling, low blood flow to ankles and feet; Conservative therapy

Yes, this is a request for CT Angiography of the abdomen.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 protein.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

&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.; 04/24/2016; It is not known if there has been any treatment or conservative therapy.; Pt has nodule in chest area, chest wall pain and worse when stretching, Pt was in hospital,

&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.; 6/14/16; There has not been any treatment or conservative therapy.; left lower quadrant pain, very tender to palpitations, shortness of breath, R/O kidney stone and evaluate possible pulmonary embolism

&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.; 6/5/2016; It is not known if there has been any treatment or conservative therapy.; dizziness, light headiness, feels drunk

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 5/7/2016; There has not been any treatment or conservative therapy.; Rib pain, chest pain, shortness of breath, ABD 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.

; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or 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 female.; A pelvic exam was NOT performed.

; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was 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.; 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.

; This is a 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.

; This is a 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.

; This is a 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.

; This is a 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.

; This study is being ordered for a metastatic disease.; There are 2 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/12/16; There has not been any treatment or conservative therapy.; weight loss total is 9lbs. &#x0D; Chronic cough&#x0D; joints hurt worse since weight loss&#x0D; lower abdominal pain , &#x0D; diarrhea &#x0D; &#x0D; chest x-ray results were right costophrenic blunting/ fluid or lateral anterior chest inferior to heart with blunting noted

; This study is 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 - 10/14/15; It is not known if there has been any treatment or conservative therapy.; pt keep losing weight

42 yo female noted to have RLQ abdominal pain for 5 months. Please evaluate for chronic appy, colitis, inflammatory bowel dz, hernia, etc. Thanks! She has no uterus, has ovaries still; This is a 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 did not have an endoscopy.

acute abd pain and LLQ pain with leukocytosis; This is a 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.

acute periumbilical abdominal pain with nausea and vomiting, she has her appendix and gallbladder. She has 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 female.; A pelvic exam was NOT performed.

CT to assess intra-abdominal status. Records will be faxed; This is a 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.

diarrhea and abdominal pain for six weeks. needs ct to rule out diverticulitis; 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.

Diarrhea nausea abd 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.

Elevated LFT's; 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.

Experienced bloody stool Belly 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.

follow up on ct done prior to being abnormal from accident in 2015; This study is being ordered for trauma or injury.; 2015; There has not been any treatment or conservative therapy.; headaches, abnormal ct of had, right hip pain,

FOLLOW UP TO CT FOR LAST YEAR; 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.

Follow 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 acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

headaches and RLQ abdominal pain; This study is being ordered for trauma or injury.; He has had this since injury in 2013; There has been treatment or conservative therapy.; persistent headaches and abdominal pain; Patient has been taking butalbital/apap/caffeine but this makes him feel weird. States it makes him feel dizzy and really agitated.

Hx of cancer, enlarged liver on palpation, r/o hepatitis; 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.

In regard to the constipation, this has been a problem for several weeks. The stool is hard in consistency. The constipation has been accompanied by abdominal pain, vomiting and recently took laxative that caused diarrhea. saw some blood; This is a 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.

MASS OF LEFT TESTICLE,SIZE OF AND ORANGE AND DIFFICULT TO PALPATE DISTINCTIVE FEATURES,ATROPHY RIGHT TESTICLE,FATIGUE,WEIGHT LOSS,FEVER; 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.

mbr has ultrasound 6/16/2016 mass seen surgurey 6/23/2016; 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 not a hematologist/ oncologist.

Metastatic lesions, right upper pain, liver is enlarged and does have a history of hepatitis, abnormal check x ray; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

nausea/vomiting, weight loss, abdominal pain. does have guarding. weight loss. need to r/o appendicitis or 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 male.; A rectal exam was not performed.

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.; A rectal exam was not performed.

obease patient with bloody stools, abd pain, family hx of cancer, abnormal weight loss; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Passing large blood clots; This is a 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.



PATIENT HAS A DIAGNOSIS OF RECTAL CANCER ALREADY. DOCTOR WANTS TO LOOK AT ABD/PEL AND 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 not a hematologist/ oncologist.

Patient has a personal history of lymphoma and breast cancer. She is in the process of changing oncologist. Her 6 month scans are due.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Patient has been assessed in clinic, peritoneal signs, fever, significant abdominal in right lower quadrant; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Patient has Left Lower Quadrant superficial tender nodule over the rectus abdominis muscle; 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.

Patient is having RUQ pain and rebound tenderness on physical exam. Patient having abnormal elevated pancreatic enzymes; This is a 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.

patient presents with acute abdominal pain. provider wants to rule out 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.

patient states he has had this pain for 9 months. It is chronic. It is intermittent and worsens with movement. He complains of Hematuria several days ago. Urinalysis was negative for blood but positive for protein in urine.; 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.

Patient with flank pain and abdominal pain x 3 days, some microscopic hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were 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.

Patient with generalized abdominal pain and abnormal weight loss. Pt states has lost 20 pounds within 3 months and has diarrhea 4x per day. CBC and CMP labwork was essentially normal.; 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.

poddible 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.

possible kidney stones left flank pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

PROVIDER REQUESTING CT SCAN TODAY FOR EVAL; This is a 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.

pt came in for sharp pain in left side and 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 not performed.

Pt had a normal pap smear in 2015. She came in with abd pain and subsequently had a KUB. A mass in the pelvic area was seen on KUB. While evaluating this further, we would like to take a look at the abdomen and make sure nothing else is going on such as d; This is a 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.

pt has had chronic abdominal pain for 6 mo with no improvement; This is a 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.

Pt has had pelvic ultrasound, normal. Pain in abdomen, upper right that seems to get worse when lying down. Mass in abdomen visible.; This is a 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.

Pt has lost 44 pounds in a year. Pt has had egd/colonoscopy/sbft that are normal. Patient weighs 66 pounds and is 37 years old; 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.

Pt is dx with stomach cancer. He is having severe abd/ pelvis pain. Fear of changing status of his cx; 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.

Pth had an ABN Upper GI 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.; 04/20/2016; There has been treatment or conservative therapy.; Pt has c/o difficulty swelling, cough, muscle spasms, and belching; Pt was given medication for his stomach, and told to stop smoking  
r/o 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.

R/O KIDNEY STONES, POSITIVE BLOOD IN THE URINE, FLANK PAIN, TREATED FOR A BLADDER INFECTION, URINARY FREQUENCY AND URGENCY; This is a 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.

R/O METASTATIC DISEASES, ELEVATED PSA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/10/2015; There has been treatment or conservative therapy.; LOSS OF APPETITE, WEIGHT LOSS; UROLOGY REFERRAL

Rebound tenderness in right abdomen and nausea; This is a 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.

RLQ 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.; A rectal exam was not performed.

SEVERE PELVIC PAIN WITH POSITIVE CHANDELIER SIGN; X 4 DAYS CONSTANT AND 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 performed.; The results of the exam were abnormal.

She is having low back pain, hematuria, urinary frequency, r/o kidney stone.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

small bowel obstruction; This is a 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.

The patient is having acute diffuse abdominal pain with nausea. The patient also has a history of hernias in and around his abdomen.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

The Pt has a history of HEP C, smoking, drug abuse, alcohol abuse. Pt has anemia.; 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.

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.

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.

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.

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.

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 lipase lab test.; The results of the lab test were normal.

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.

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; &lt;Enter Additional Clinical Information&gt;

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

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.; 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; &lt;Enter Additional Clinical Information&gt;

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

This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

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.

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.;



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.; &lt;Enter Additional Clinical Information&gt;

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.; Persistant abdominal pain for grater than 1 year, U/S done 0 findings. Family History of Stomach cancer and ulcers.

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.

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.

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.

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.

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.

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

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

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;

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 for planned or possible ventral hernia repair ordered by a surgeon.; Pre-op or post op evaluation

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.

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.

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Diabetic patient with gastroparesis.; Other

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Lymphadenopathy.; Other

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

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

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.

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.

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.

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.

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; &lt;Enter Additional Clinical Information&gt;

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; change in bowel habits stool is yellow in color

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.

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.;

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.; &lt;Enter Additional Clinical Information&gt;

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.; blood urine,

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.; chronic constipation, nothing over the counter helps

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.; had ultrasound //pain for 87 months getting worse///over the counter medication did not work

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.; History of abdominal pain w/bouts of nausea & diarrhea for past year. Had tenderness w/palpation

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Left lower abdominal pain, diarrhea and nausea x 3 weeks. pain.

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.; Nausea and diarrhea and vomiting going on 4 weeks off and on. Pain 5 out of 10, aching pain. No constipation, eating comes back up. Nothing seems to work at this time.

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



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.; severe abdominal pain with constipation

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.; T C/O ABDOMINAL PAIN LOCATED IN LOWER QUADRANT, WORSE ON THE LEFT. ONSET 4 DAY(S) AGO. PAIN IS CONSTANT BUT WORSE IN THE MORNINGS. FEELS ABOUT THE SAME AFTER EATING. DOES WORSEN WITH JARRING MOVEMENT. DOES NOT WORSEN WITH CHANGE IN POSITION OR D

This is 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 an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;

This is 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. RUQ pain- and epig pain- started 2 mo ago ago- no nausea, just hurts, feeling acid coming up to her throat

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; 7-8 cm LUQ mass; moderate RLQ pain; Patient has history of diverticulitis. Patient is having diarrhea and having up to 5 bowel movements daily. Patient has had this pain for one week. Pain is progressing.

This is 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, dull and aching, constipation, no fever, no blood in urine, r/o diverticulitis

This is 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

This is 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 constipation.

This is 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 c/o knot under his umbilical area that has been painful for the past year, states the pain is not daily, but occurs every few days, states sometimes it occurs after he has been lifting something heavy, also states has noticed a knot around t

This is 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 w/ vomiting; Diarrhea; Epic gastric discomfort; Nausea; Ranitidine w/ no relief

This is 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,

This is 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 for 1 month, did x-ray of ABD, normal, Gallbladder ULTRA was normal, taking medication

This is 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, vomiting, nausea, diarrhea

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; ABN acute Abdominal series. ABN air fluid levels. R/O short bowel obstruction

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Artery dissection epigastric pain diverticulitis

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Associated symptoms include blood in stool, constipation, diarrhea, nausea, vomiting, and fullness of abdomen.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Diabetic patient with LUQ pain x 9 days, treated with abx x 1wk with no improvement. Symptoms worsening. With nausea. &#xOD; Patient has prior hx of appendix rupture.

This is 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; Elevated urobilinogen

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Enlargment of the spleen

This is 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 right lower quad

This is 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 HERNIA

This is 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; abdominal/pelvic pain; r/o infection

This is 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, pelvic pain, previous insertion then removal of vaginal mesh due to wire migration.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Had a gastric bypass in the past in 2007 pain, vomiting, menstrual every 2 weeks, pt is anemic

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Had ongoing abdominal pain, diarrhea and fevers for over a month, r/o crohns disease

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; has severe onset of abdominal pain started this morning, vomiting, nausea, sudden onset of sinus tachycardia. Has protein in urine. temperature. All sudden onset.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; HAS TENDERNESS IN LUQ OF ABD, NO FEVER. BEING TREATED FOR DIVERTICULITIS WITH ANTIBIOTICS

This is 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 rectal bleeding //abdominal pain/possible bowel impaction /

This is 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 complains of abdominal pain that radiates across the stomach on both sides. he states he also has nausea after eating. He also has an umbilical hernia he needs looked at. A abdominal ultrasound was done on 06/07/2016.

This is 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

This is 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 COLON CANCER, ABDOMINAL AND STOMACH PAIN, HASNT BEEN ABLE TO EAT, HISTORY OF ADENOCARCINOMA OF LARGE INTESTINE

This is 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 hernia

This is 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 WITH BYSURIA. R/O DIVERTICULITIS.

This is 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

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; LIVER DYSFUNCTION, NEW FINDING, ELEVATED LIVER ENZYMES

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Lower Left Quad Abd Pain, Constipation, Abd tenderness, X-ray shows dilatation of bowel loops due to gas. Pain is ongoing for 2 years, and getting worse.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; none

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; On examination patient has pain along the inguinal lying down into the groin on the right. By palpation he does not have any abdominal wall defect but he does have a small hernia at the inguinal ring.

This is 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 R-side of abdomen, ER visit 5/17/16, liver enzymes elevated.

This is 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, nausea and fever

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Patient has a knot in the URQ that hurts. She also has abdomen pain on both lower sides of lower abdomen radiating into upper abdomen and feels deep in abdomen. States dropped something and bent over to pick up and had sharp radiating pain for over a min

This is 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 abdominal aorta aneurysm and this needs to be checked for growth.

This is 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 LP shunt and is having severe abdominal pain that is sharp and stabbing. Patient is having associated severe dizziness. History of intracranial hypertension and pseudo tumor

This is 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 chronic bowel issues, not relieved with antibiotics, provider requesting CT scan for further eval

This is 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 chronic constipation, seen in ER 06/28/2016, R/O impaction/obstruction

This is 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 DIARRHEA AND PAIN

This is 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 LLQ pain for the past 24 hours. Describes the pain as sharp, piercing.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has history of Hep C. Has Severe ab pain along with distention. Bloody stool and weight loss

This is 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 lower abdominal pain (mainly suprapubic). Fat pannus feels like a brick now, pain has worsened.

This is 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 for greater than 6 months, abdominal pain for 6 weeks, appetite change, fatigue, and sleep disturbance

This is 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 left upper quadrant pain with slight prominence. pain has been present for over two weeks.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patients liver enzymes are elevated.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; please see attached progress note and ultrasound results



This is 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 h pilor

This is 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 been having lower abdomen pain for 10+ years

This is 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 bilateral lower ABD pelvic pain. Pt was working out on Friday and heard a pop thought she had strained a muscles. Pt may have a hernia.

This is 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 complaining of high right side flank pain for several months worse at night when he rolls over

This is 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 chronic constipation, has tenderness, palpitations and guarding

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt has abdominal pain, vomiting and diarrhea. pt has US gallbladder and it showed gallbladder polyp

This is 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 an appointment with a urologist but it is not until 7-26-16. But due to the limited urologist in our area, patient's appointment is several months away and pt continues to complain with left flank pain.

This is 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 abdominal pain for 1 month, symptoms include diarrhea, mid cycle bleeding and acid reflux symptoms, had Ultrasound that shows left ovarian cyst.

This is 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 elevated liver enzymes and abnormal US

This is 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 incisional hernia after total pancreatectomy is enlarging and causing significant discomfort. History of hernia, diastasis, recti associated with the hernia.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Pt presented with dizziness & lightheadedness x 1 month, elevated creatinine (2.0), and elevated liver enzymes (ALT 71 AST 59).

This is 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 cancer; Swelling from mid thigh to foot; Jaundice; Anemia; Elevated liver enzymes

This is 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

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Ref case tracking # 055527676; Patient having continued, sharp pain and swelling in inguinal groin area. Pain increases with movement, bending, sitting and is only relieved if laying down flat.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; reoccurring nausea, vomiting gall bladder dyskinesia

This is 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 abdominal pain , rebound tenderness right lower quadrant - r/o appendicitis

This is 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, nausea. blockage.

This is 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 sided abdominal pain; Right lower quadrant pain

This is 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 abdominal pain; onset 1-4wks ago; pain 8/10; constipation; dry heaving

This is 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 icd 10 codes is what was advised.

This is 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 (R) UPPER QUADRANT PAIN-UMBILICAL HERNIA- ORDERING CT TO LOOK FOR INTRA-ABDOMINAL PATHOLOGY.

This is 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 umbilical hernia repair with mesh added in 2015. Pt cont to have peri-umbilical pain. Dr. Yelvington concerned about infected mesh. Pt has had a abdominal ultrasound and abnormal small bowel follow through

This is 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

This is 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 QUADRIANT PAIN RIGHT; LIVER BIOPSY ; UPPER QUAD WEAKNESS

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; urology request due to hematuria past hx of cancer

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

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

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

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

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; &lt;Enter Additional clinical information &gt;

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; chronic pain and epigastric discomfort

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; lower abdomen is swelling and enlarged, pain, nausea, patient is complaining and keep coming back to doctor ,

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; mass is bulging above belly button, umbilical enlarges on line down and is now in sitting position.

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; Possible infection, organ enlargement noted on Physical exam.

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

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; &lt;Enter Additional Clinical Information&gt;

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

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.; 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; &lt;Enter Additional Clinical Information&gt;

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor

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; PAIN ON RIGHT SIDE OF STOMACH AND A BIG KNOT THERE

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

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

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;

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; Hernia

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 going into sacral in back, right hernia in past, hypertension,

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 with history of breast cancer

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 having abdominal pain, dysuria, urgency since before 4/20-2016. She was treated with antibiotic and she returned in 2 weeks with c/o worsening abdominal pain.

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; suspicious mass seen on CT.

This is a request for an abdomen-pelvis CT combination.; This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; There are clinical findings or indications of Hematuria.; Other; Other



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

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; Caller does not know if there is a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; &lt;Enter Additional Clinical Information&gt;

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; It is not known if there is a palpable or observed abdominal mass.;

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;

&lt;Enter Additional Clinical Information&gt;

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; labs show elevated enzymes , hx of cancer

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; none

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

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; Pt fell in March. Happened to note an extremely tender spot along her lower anterior rib cage. This is very ttp. No bruising. Occ SOB. She did have CXR a few weeks ago that showed elevation of her hemi-diaphragm.

This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; Trauma

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.

This is a 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.; The patient had an endoscopy.; The endoscopy 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 the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test 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 the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

Trying to r/o umbilicord 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 male.; A rectal exam was not performed.

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.

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.; A rectal exam was not performed.

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.; October of 2015. Patient has had weight loss and fatigue more than usual.; There has not been any treatment or conservative therapy.; unexplained weight loss, fatigue and anemia

Urinary frequency &#x0D; The patient reports pain in the low back. The patient describes the characteristics of the pain as achy. Patient reports no leakage. Associated symptoms include urinary frequency, incomplete emptying, pain on the left side, slow strea; This is a 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.

US previously done, provider now requesting CT for futher evaluation of patient; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

weight loss and abnormal signal of MRI of right upper lung; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/19/2016; There has not been any treatment or conservative therapy.; wt loss and abnormal x-ray and MRI

x-ray was abnormal; This study is being ordered for Inflammatory/ Infectious Disease.; 4-11-2016; There has been treatment or conservative therapy.; shortness of breathe, r lower quad pain, cough, orthopenia; chest x-ray, labs, inhaler

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&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.; 5/16/2016; There has not been any treatment or conservative therapy.; Abdominal pain.

&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.; mass was seen on 5/2/2016; There has not been any treatment or conservative therapy.; Chest pain and thoracic back pain.

; This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has had abdomen pain since February 3rd. She has also been diagnosed with IBS and epiploic appendagitis.; There has been treatment or conservative therapy.; persistent abdomen pain; Patient has tried Prilosec with no relief.

CT WAS NEGATIVE AND LABS WERE CRITICAL; This study is being ordered for Inflammatory/ Infectious Disease.; LABS WERE DONE TODAY. PATIENT NEEDS MRI IMMEDIATELY; There has not been any treatment or conservative therapy.; PATIENT HAS LIVER ENZYMES OF &#x0D; ALT 1 1069&#x0D; ALK PHOS 270&#x0D; AST 1 591



Enter answer here - or Type In UnknownMs. Smoke presents with a diagnosis of pheochromocytoma. This was diagnosed 5 years ago. The course has been progressively worsening. It is of moderate intensity. Aggravating factors include outside temp 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.; Ms. Smoke presents with a diagnosis of pheochromocytoma. This was diagnosed 5 years ago. The course has been progressively worsening. It is of moderate intensity. Aggravating factors include outside temp elevation. \*\*\* \*\*\*\*\* \*\* \*\*\*\*\* \*\*\* \*\*; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If NMs. Smoke presents with a diagnosis of pheochromocytoma. This was diagnosed 5 years ago. The course has been progressively worsening. It is of moderate intensity. Aggravating factors include outs

nodule on the lung and suspected abdominal cyst; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Patient has a nontoxic glandular goiter. E40.2. Family hx of cancer Z80.9. Had a lipoma of the back D17.1. (Gloria transferred me to a nurse, who wanted me to give her the patients dob and address, advised I could not give her that because if HIPPA. She ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered. This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient has painful hematuria.; The patient has not had an IVP.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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."; Has had an abnormal abdomen ct on 3/17/16, showing ascites. Pain, nausea, hx of pancreatitis, family hx of pancreatic cancer.

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 no active or clinical findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There is not radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites."; patient is having ongoing abdominal pain and it is not getting better .

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.; It is not known if the patient is undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; liver lesion; follow up from last scan in 12/2015

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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.";

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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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."; HISTORY OF PRESENT ILLNESS: This is a 55-year-old white female who comes in for somewhat acute problem. She is also here for follow up on three chronic medical conditions. First, she had an MRI on her L-spine that was ordered by her orthopedic speciali

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

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."; LOBULATED HYPERDENSITY WITHIN THE LIVER MEASURING 3.6X2.7.1.9 CM&#x0D; INDETERMINATE MASS IN THE RIGHT LOBE OF THE LIVER POSSIBLE HEMANGIOMA FOLLOW UP MRI RECOMMENDED

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient had CT of abdomen and per Dr Jennings pt CT did show possible pancreatitis or possible nonspecific tumor. He suggested she get an MRI to find out for sure what it is

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 upper quant mass between the liver and stomach could be an accessory hepatic lobe or enlarge lymph node liver MRI recommended 4 by 5 soft tissue mass

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."; US done in Hopsital ER 05/06/2016 Shows mass on left lobe liver 5.1x3.3 cm

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."; weight loss, abdominal pain,

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.";

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; Patient had a CT Chest and the results showed a nodule on his liver that requires further evaluation.

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."; CT Chest finds a 1.9 cm nodule in the left adrenal gland with recommendation to follow up with CT or MRI adrenal mass protocol for further characterization.

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."; Cyst on the pancreas.

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."; ultrasound liver identified lesion - radiologist recommends MRI abdomen for further evaluation

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."; ultrasound showed undetermined mass. lesion has gotten slightly larger compared to 6 mm on ct 6/15. requesting MRI for further evaluation.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; Abnormal ultrasound

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 had an ultrasound that showed possible liver mass CT was recommended. Patient had CT completed and it was inconclusive. MRI was recommended to further evaluate possible liver mass.

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.

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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

The doctor is checking to see if the patient has a Perforated sigmoid colon.; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.

This is a request for a heart or cardiac MRI

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 suffers with chest pain and SOB.; Yes, there is Chronic Chest Pain.

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; patient had a lexiscan myocardial perfusion study which came back abnormal for patients age. cardiologist recommends coronary ct angiogram for further evaluation

Yes, this is a request for CT Angiography of the abdominal arteries.  
; Limited or Follow up other than Sinus CT;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

; This 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.

; 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.

Abnormal mammogram and nipple drainage with blood; 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.

breast cancer risk assessment is 23.9, 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.

high risk pathology n60.82; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.

Patient has nipple discharge and a breast mass.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.

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).

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.

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.



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.

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 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

; 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).

; 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.

Abnormal EKG, shortness of breathe, exertional chest pain, pain at top of back and breasts, wheezing, retaining fluid and dyspnea, exercise intolerance.; 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).

Chest pain off and on for last couple of months and shooting pain in ribs.; 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).

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).

Complaints of chest pain and shortness of breath. History of hypertension BP was 150/80 @ office; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

CP; 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 results of the previous nuclear cardiology study were not normal.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had a nuclear cardiology study since having an MI.

CTA chest showed coronary artery Disease; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

CURRENT SMOKER AND HISTORY OF ASTHMA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2/16; There has not been any treatment or conservative therapy.; CHEST PAIN AND NUMBNESS IN NECK AND SHOULDERS, SHORTNESS OF BREATH

Doppler Study showed critical carotid stenosis. Considering the severity of this, Surgery is eminent in the very near future and further work up on his chest pain is needed to make sure he is stable enough for the surgery.; This study is being ordered for Vascular Disease.; presented to office 6/8/16 with lower extremity swelling, pain and weakness. Chest pain (pressure) on exertion. Carotid bruit on the left. Doppler study showed critical carotid stenosis.; There has not been any treatment or conservative therapy.; lower extremity swelling, pain, weakness and chest pain

EKG SHOWED A BUNDLE BRANCH BLOCK; 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).

EKG shows; Interpretation:; Sinus Rhythm; -Right atrial enlargement .; -Anteroseptal infarct -age undetermined .; -Anterolateral ST-elevation -nondiagnostic -consider injury .; 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).

elevated troponins. intermittent chest fullness with associated dyspnea; 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).

fire man this office does there physcals pt started stress test but was unable to finish due to techardia; 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).

Known CAD bilateral knee surgery chronic back 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).

New patient has palpitations, shortness of breath and tachycardia.; 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).

PATIENT DX W CHEST PAIN. PATIENT HAS HTN AND NEUROPATHY. PCP ORDERING STRESS TEST FOR FURTHER EVAL.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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

Patient is a 63 y.o. male with left upper lobe lung mass measuring 3.5 x 2.4 x 3.7 cm. Biopsy proven non small cell cancer, squamous cell. To complete his staging, he is to have a PET/CT on 3/17/2016. He needs to have that and if his cancer is localize; 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 will need myocardial perfusion with pharmacologic stress test. Patient isn't able to walk on the treadmill due to shortness of breath. Diagnosis code R07.9 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).

Pt has Thoracic aorta 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.; 05/10/2016; There has been treatment or conservative therapy.; Pt has sinus drainage, pain and sinus pressure. T-spine chronic upper back pain. MPI chest pain with hx of hypertension and cardiac hx; SINUSITIS prescribed ABX and lab work

Shortness of breath &#x0D; Syncope Episodes; 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.

shortness of breath when walking;; 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 at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.

The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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).

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.

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.

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).

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).

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).

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).

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.



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.

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.

The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

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.

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).

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.

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).

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

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.; It is not known if the patient has 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.

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.

The study is being ordered for suspected CAD.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; 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 non-nuclear stress test.; 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.; The patient has a physical limitation to exercise.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater

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

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.

to consider cardiac cause; 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).

with treadmill.; 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.

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.

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.; 1 PET Scans has already been performed on this patient for this cancer.

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.

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.

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.

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.

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.

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.

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.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.

This is 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.

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.

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 a request for an echocardiogram.; 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

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.

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

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.

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



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

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.

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.

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.

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.

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.

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.

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.

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.

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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.

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

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.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.

In remission leukemia -Just go out of hospital- spleen inflamed - HX pancreatic - lipase elevated- Tenderness L lower QUAD; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

pt. R10.11 and R10.13; see description; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

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.

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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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; post traumatic stress

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; 4/15/2016; There has not been any treatment or conservative therapy.; nose bleeds , Sever HA , NASAL PRESSURE, sinus infection , getting dizziness and vertigo with the HA , BLURRED VISION

Radiology Services Denied Not Medically Necessary

&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.; 4-5-2016; There has not been any treatment or conservative therapy.; pain, and headaches

Radiology Services Denied Not Medically Necessary

&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.; 6/5/2016; It is not known if there has been any treatment or conservative therapy.; dizziness, light headiness, feels drunk

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 05/20/2016; There has been treatment or conservative therapy.; cervical pain, neck pain; chiropractic care

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 5/7/2016; There has not been any treatment or conservative therapy.; Rib pain, chest pain, shortness of breath, ABD pain

Radiology Services Denied Not Medically Necessary

.....; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

Radiology Services Denied Not Medically Necessary

; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

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.

Radiology Services Denied Not Medically Necessary

; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

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."; The study is requested for headache.

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.

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."; The study is requested for headache.

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

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 other indications

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; It is unknown why an MRI is not being considered

Radiology Services Denied Not Medically Necessary

; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; It is unknown why an MRI is not being considered

Radiology Services Denied Not Medically Necessary

; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; It is unknown why an MRI is not being considered

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

ABN eye moment/tremors; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

acute hypertensive episode and is onset severe.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

altered mental status, vision loss; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

associated with nausea and photo phobia; 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.

Radiology Services Denied Not Medically Necessary

c/o pain in back of head radiating down to neck x 10 days, denies injury; 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.

Radiology Services Denied Not Medically Necessary

car accident; This study is being ordered for a neurological disorder.; 5/11/2016; There has not been any treatment or conservative therapy.; headache, head trauma, change in mental status.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

chronic sinuititis, chronic cough, fever of unknown origin, Rt hemicephalgic; This study is being ordered for Inflammatory/ Infectious Disease.; fever off/on since nov 2014 recent headache comes on with the fever.; There has been treatment or conservative therapy.; headache fever weakness lack of appetite; medication doxycycline

Radiology Services Denied Not Medically Necessary

monohydrate 100 mg



Radiology Services Denied Not Medically Necessary

Confusion memory problems; 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

Radiology Services Denied Not Medically Necessary

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.; 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.

Radiology Services Denied Not Medically Necessary

Having headaches for a few months, gradually gotten worse.; 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.

Radiology Services Denied Not Medically Necessary

Head pressure, nausea, no appetite, 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.

Radiology Services Denied Not Medically Necessary

HEADACHE CONSTANT PAIN GETTING WORSE LEFT SIDE OF FACE IS HURTING ALONG WITH THE LEFT EAR.; 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.

Radiology Services Denied Not Medically Necessary

Headache: Patient reports he's had a daily headache for at least the last 10 years. Patient reports he often wakes with headache, goes to bed with a headache. He reports that his headache started more than 10 years ago after he had sinus surgery for devia; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

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.

Radiology Services Denied Not Medically Necessary

headaches more severe and frequent lasting all day. 2-4 times a week meds not helping pain is 10/10; 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.

Radiology Services Denied Not Medically Necessary

Headaches with new onset dizziness and syncope; 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 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.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

Her headaches are getting worse and more frequent. Maxalt would dull headache but not make it go completely away. Imitrex made the headaches worse. She is having 5-10 migraines a month that last for a few days at a 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.

Radiology Services Denied Not Medically Necessary

imbalance and dizziness. Fatigue for the last 1 to 2 months.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

L side throbbing 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.

Radiology Services Denied Not Medically Necessary

Low TSH; 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.

Radiology Services Denied Not Medically Necessary

member is having issues with eyes, coronary arteries behind eyes; 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.

Radiology Services Denied Not Medically Necessary

Memory loss for 2 years and getting worse. (poor memory)Positive for short term memory loss.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

mental disturbances; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

migrames high bp abnormal thyroid function test anemia dizziness weakness; 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.

Radiology Services Denied Not Medically Necessary

Nausea and extreme 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.

Radiology Services Denied Not Medically Necessary

ongoing pain and the headaches for the past 3 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

pain and numbness in right leg, weakness and tired all the time and knot on the back of his neck; 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

Radiology Services Denied Not Medically Necessary

PANATOSMIA; 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

Radiology Services Denied Not Medically Necessary

Patient c/o migraine headaches. Requesting a referral to a neurologist, imaging ordered before referral. Patient has a prescription of Imitrex that does not help symptoms.; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Patient has been having episodes of syncope and collapse, dizziness, vomiting. Since Sunday, 6-12-2016. 6 or seven episodes.; 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; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered

Radiology Services Denied Not Medically Necessary

Patient has dizziness. Cardiac work up was negative. Drives a truck. Needs clearance for DOT.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

Patient has family history of Parkinson's disease and has recently started to have occasional tremors.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications

Radiology Services Denied Not Medically Necessary

Patient has had multiple syncopal episodes in the last week, he is slow to react and his mental status changed. Patient will have some jerking and eyes rolling which was witnessed several times by family members. patient reports prior to the episodes he f; 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.

Radiology Services Denied Not Medically Necessary

Patient has started to shuffle his feet and recent falls. He has a shunt but has not had follow up in 2 years. The shunt has a programmable valve that must be reprogrammed after an MRI, therefore provider wants to do CT rather than the MRI.; 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.

Radiology Services Denied Not Medically Necessary

patient has tingling and numbness in both arms and legs; This study is being ordered for a neurological disorder.; 04/14/16; It is not known if there has been any treatment or conservative therapy.; paresthesia to both arms and legs, tingling

Radiology Services Denied Not Medically Necessary

periapical abscess without sinus, ruling out chronic sinusitis.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

Periods of becoming disoriented. Happened a couple of times. New problem. MDO feels it imperative to be checked out.; 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

Radiology Services Denied Not Medically Necessary

Post MVA - having headaches frequently.; 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."; The study is requested for recent head trauma or injury.

Radiology Services Denied Not Medically Necessary

Pt has been diagnosed with headaches for 5 years but they have recently become more often and more severe; 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.

Radiology Services Denied Not Medically Necessary

pt is having episodes of lightheadedness with visual disturbances, pt reports double vision, 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

Radiology Services Denied Not Medically Necessary

pt is having severe headaches. he is having some dizziness and some vision changes. pt is thinking that he may have also had seizure; 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.

Radiology Services Denied Not Medically Necessary

Pt says, "worst headache every had".; 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.

Radiology Services Denied Not Medically Necessary

Pt states seizures have gradually gotten worse since December. States previous MD had her on medications that made her seizures worse & so in December she quit taking those medications, pt has not been on any seizure medication since & has reported 6-8 se; 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.

Radiology Services Denied Not Medically Necessary

Pt states she has had these headaches every day since April 13, 2016. Pt states headaches are new in onset and has tried multiple therapies including OTC meds before attaining scripts for prescription meds which, unfortunately, have not been helpful in 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.; April 13, 2016; There has been treatment or conservative therapy.; Pt c/o initially of headaches mainly in the left side of her head and into her neck. Pt describes the headaches as dull and throbbing but extremely persistent.; Pt has been treated with Esgic, prednisone, and indomethacin. Pt has also tried alternating heat and cool packs PRN.

Radiology Services Denied Not Medically Necessary

Pt states that she is having more severe headaches in the last couple months.; 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.

Radiology Services Denied Not Medically Necessary

Pt suffers with memory loss; increased depression and burning in both feet.; 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.

Radiology Services Denied Not Medically Necessary

Pt. reports daily, worsening headaches. The headaches will wake him from sleep with the pain being localized behind eyes. Had eye exam 1-2 years ago and states was normal.; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

R/O tumor; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/28/2016; There has been treatment or conservative therapy.; Severe headache and pressure; Medications, treatment for sinus infection

Radiology Services Denied Not Medically Necessary

Recurrent HA, family hx of migraine, chronic sinusitis; 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.

Radiology Services Denied Not Medically Necessary

right ear pain, took medication but no relieved, dizziness, 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.

Radiology Services Denied Not Medically Necessary

seizures; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.

Radiology Services Denied Not Medically Necessary

Severe vertigo x 2 months and hx of falls due to vertigo; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

She's having nausea, vision changes, photophobia; 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.

Radiology Services Denied Not Medically Necessary

sudden unexplained seizure like episodes with full collapse along with black outs; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

Radiology Services Denied Not Medically Necessary

Suspect narcolepsy; This study is being ordered for trauma or injury.; 05/09/2016; There has been treatment or conservative therapy.; Hypersomnia and headache; Labs and B12 shots

the patient has been having headache for about a week.; 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

This is a new patient being referred to headache clinic once retired MD records are received. Patient has had chronic migraines and no help from medications, migraine has worsened in the last 3 weeks with 2-3 every week, patient is in sever pain.; 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.

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.

Radiology Services Denied Not Medically Necessary

Today, while driving, pt experienced headache, memory loss, (pt didn't remember driving) Pt was hitting objects with his car with no recollection, police were called to intervene and when pt finally pulled over was disoriented and didn't know where he was; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; There is another reason why an MRI is not being considered; Usually a CT is recommended before an MRI. Thought that would be the case here.

Radiology Services Denied Not Medically Necessary

unknow; 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.

Radiology Services Denied Not Medically Necessary

unknown; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary



Radiology Services Denied Not Medically Necessary

unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

UNKNOWN; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

Radiology Services Denied Not Medically Necessary

unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; It is unknown if the patient is able to have a Brain MRI for evaluation of these symptoms.

Radiology Services Denied Not Medically Necessary

UNKNOWN; This study is being ordered for Inflammatory/ Infectious Disease.; 02/04/2016; There has been treatment or conservative therapy.; SINUS PAIN AND DRAINAGE, HEADACHES; MEDICATIONS

Radiology Services Denied Not Medically Necessary

vertigo; 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.

Radiology Services Denied Not Medically Necessary

Vision disturbances-periodic episodes of vision loss unilaterally.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

WANT TO CHECK FOR CEREBRAL SPINE FLUID LEAK.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/4/2016; There has been treatment or conservative therapy.; CHRONIC HEADACHE, NEURITIS; NSAIDS AND PAIN MEDS

Radiology Services Denied Not Medically Necessary

Weakness in lower extremity.; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Work up for amnesia &#x0D; Copd; 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

Radiology Services Denied Not Medically Necessary

Worsening headaches, numbness and tingling on right side.; 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.

Radiology Services Denied Not Medically Necessary

worsening, more frequent 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.

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, cholesteoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"

Radiology Services Denied Not Medically Necessary

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; 4/15/2016; There has not been any treatment or conservative therapy.; nose bleeds , Sever HA , NASAL PRESSURE, sinus infection , getting dizziness and vertigo with the HA , BLURRED VISION

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; PROVIDER REQUESTING CT SCANS FOR FUTHER EVAL; There has been treatment or conservative therapy.; HEADACHE, MAXILLARY SINUSITIS; ANTIBIOTIC TREATMENT PO AND IM INJ, SALINE NASAL WASHES AT HOME

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

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)

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/11/2016; There has been treatment or conservative therapy.; HEADACHE ON LEFT SIDE WITH NAUSEA AND SINUS CONGESTION.; ANTIBIOTICS&#x0D; AMOXIL ON 02/11/2016&#x0D; LEVAQUIN ON 02/15/2016&#x0D; &#x0D; OTC ANTIHISTAMENE&#x0D; &#x0D; FLONASE

Radiology Services Denied Not Medically Necessary

acute sinusitis &#x0D; Failed 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

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 14 or more days since onset AND the patient failed a course of antibiotic treatment

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.; 2/23/2016; There has been treatment or conservative therapy.; Pt is experiencing headache and sinus congestion; Sinus RX and ibuprophen.

Radiology Services Denied Not Medically Necessary

Recurrent Sinusitis. Has been treated with steroid dose packs and Ceftin. Patients has symptoms longer than 1 month; 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

Radiology Services Denied Not Medically Necessary

Reports he has sinus congestion and fullness and pressure in his head. Occasionally he will see a clear fluid draining from his nose that he been sober. Sometimes when he sneezes hard he'll have a burning sensation and fluid discharge. I don't believe tha; 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)

Radiology Services Denied Not Medically Necessary

Suspect narcolepsy; This study is being ordered for trauma or injury.; 05/09/2016; There has been treatment or conservative therapy.; Hypersomnia and headache; Labs and B12 shots

Radiology Services Denied Not Medically Necessary

Toot pain/chronic migranes.; 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.

Radiology Services Denied Not Medically Necessary

unexplained jaw pain for last week; "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.

Radiology Services Denied Not Medically Necessary

UNKNOWN; This study is being ordered for Inflammatory/ Infectious Disease.; 02/04/2016; There has been treatment or conservative therapy.; SINUS PAIN AND DRAINAGE, HEADACHES; MEDICATIONS

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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)

Radiology Services Denied Not Medically Necessary

&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.; neck- 4/18/16&#x0D; shoulder- 2/1/16; There has not been any treatment or conservative therapy.; neck- lymph nodes are enlarged&#x0D; Shoulder- myalgia, stabbing and crepitation,

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 05/20/2016; There has been treatment or conservative therapy.; cervical pain, neck pain; chiropractic care  
; This study is being ordered for Inflammatory/ Infectious Disease.; ; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.

Radiology Services Denied Not Medically Necessary

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.

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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; March 16th, 2016; There has been treatment or conservative therapy.; Left arm numbness and tingling, history of bulging discs, MRI of C spine done ( short segment loss) Radiologist recommended CTA; Stress Echo (ruled out TIA) &#x0D; Multiple appointments

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; migraine

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&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.; 03/2016; It is not known if there has been any treatment or conservative therapy.; acute vision loss/family history of brain aneurysm ; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;  
Yes, this is a request for CT Angiography of the brain.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; March 16th, 2016; There has been treatment or conservative therapy.; Left arm numbness and tingling, history of bulging discs, MRI of C spine done ( short segment loss) Radiologist recommended CTA; Stress Echo (ruled out TIA) &#x0D; Multiple appointments

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&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.; 03/2016; It is not known if there has been any treatment or conservative therapy.; acute vision loss/family history of brain aneurysm  
Yes, this is a request for CT Angiography of the Neck.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&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.; several months -4/1/2016; There has been treatment or conservative therapy.; left eye retro-orbital pain, left eye irritation; medication ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

arthralgia of shoulder region&#x0D; dorsalgia pain in neck&#x0D; pain radiates down arm into rib cage&#x0D; pain in shoulder; "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

Radiology Services Denied Not Medically Necessary

HEADACHES PROGRESSIVELY GETTING WORSE AND MORE FREQUENT, AWAKENING FROM SLEEP, WORSENING VISION IN THE LEFT; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; WORSENING HEADACHES, AWAKENING FROM SLEEP, WORSENING VISION ON THE LEFT; IBUPROFEN, NAPROXEN, TYLENOL EXTRA STRENGTH

Radiology Services Denied Not Medically Necessary

Looking to locate 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

MRI being requested for c/o neck/shoulder pain, pain w/ ROM, and joint stiffness; "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

Radiology Services Denied Not Medically Necessary

None; "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

Radiology Services Denied Not Medically Necessary

PATIENT IS HAVING HEADACHES AND DOUBLE VISION AFTER RECEIVING SHOT IN EYE. DOCTOR IS WANTING TO RULE OUT A TUMOR; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 04/20/2016; There has not been any treatment or conservative therapy.; Syncope, headaches, and dizziness



Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; 05/13/2016; There has not been any treatment or conservative therapy.; dizziness, off balance

Radiology Services Denied Not Medically Necessary

Patient had seizure that was witnessed, lasting 4 minutes. New onset.; This study is being ordered for a neurological disorder.; 06/19/2016; There has been treatment or conservative therapy.; Seizure, lasting 4 minutes.; Keppra 500mg BID

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.

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.

Radiology Services Denied Not Medically Necessary

The patient has not had a recent MRI or CT for these symptoms.; 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 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."; "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.; This is a request for a Neck MR Angiography.; The patient has not had an abnormal ultrasound of the neck.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This 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).

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 01/2016; There has been treatment or conservative therapy.; pressure in right side of the head, visual issues, dizziness, disorientation; medications

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 04/20/2016; There has not been any treatment or conservative therapy.; Syncope, headaches, and dizziness

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; new onset daily headache, chronic neck pain, lumbar pain with radiation down L leg; medications,

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

Radiology Services Denied Not Medically Necessary

&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.; several months -4/1/2016; There has been treatment or conservative therapy.; left eye retro-orbital pain, left eye irritation; medication

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).

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.

Radiology Services Denied Not Medically Necessary

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the 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.

Radiology Services Denied Not Medically Necessary

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing vertigo

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.; 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.

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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

7 of her 9 siblings have a hx of brain aneurysm with some having multiple. they had a study done in Chicago and found 7 of siblings. she was unable to go to Chicago for testing.; This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; headaches

Radiology Services Denied Not Medically Necessary

as stated this is a new onset with concerns of a stroke m.s. with lumbar stenosis; This study is being ordered for a neurological disorder.; this is a new onset as stated patient presented to my clinic on 3/1/16 and than back on 3/4/16 with the same issue but getting worse.; There has been treatment or conservative therapy.; presenting with left arm tingling pinpricks falls, right side numbness right leg down to toes also left side down to toes tingling numbness low back pains and upper neck pain. unstable gait difficulty walking dorsalalgia; lab work which includes bmp cbc tsh free t4 and a lumbar plain film labs are negative xray shows lumbar stenosis

Radiology Services Denied Not Medically Necessary

Daily headaches in this patient with known h/o previous brain tumor.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; 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).

Radiology Services Denied Not Medically Necessary

dizziness, parathesia; 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.

Radiology Services Denied Not Medically Necessary

falling for no reason; 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.

Radiology Services Denied Not Medically Necessary

family hx of dementia, c/o memory impairment, personality changes, loss of logic.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Radiology Services Denied Not Medically Necessary

generalized muscle weakness and fatigue, anxiety, burning in chest area.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Radiology Services Denied Not Medically Necessary

left side of face is numb, tingling on lower side of the mouth, weak on left side of the body, taking meds,; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Radiology Services Denied Not Medically Necessary

Looking to locate 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Macrocephaly (or "big head") is a very common reason for referral to a pediatric neurosurgeon. Children with macrocephaly have a head circumference (the measurement around the widest part of the head) that is greater than the 98th percentile.; 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 patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; It is not known if there are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; It is not known if surgery is planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.

Radiology Services Denied Not Medically Necessary

Mr. GADDY presents with a diagnosis of Identical brother has come down with MS, neurologist has recommended a screening MRI. This was diagnosed 1 week ago. The course has been stable and non-progressive. It is of mild intensity.; 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.

Radiology Services Denied Not Medically Necessary

New onset seizures, reoccurring headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

no r/o; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2014 headaches; There has been treatment or conservative therapy.; headache and neck pain, radiculopathy; x rays

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.

Radiology Services Denied Not Medically Necessary

ongoing pain and headaches; This study is being ordered for trauma or injury.; 6 months; There has been treatment or conservative therapy.; Postconcussion syndrome; Post-concussional personality disorder; headache; neck pain; pain medication

Radiology Services Denied Not Medically Necessary

parathesis to all extremities .; This study is being ordered for a neurological disorder.; 4/15/16; There has not been any treatment or conservative therapy.; Parathesia to all extremities--upper and lower

Radiology Services Denied Not Medically Necessary

Patient had hemangioma on her brain 20 years ago. It was removed by surgery.; Geneticist advised f/u MRI due to genetic testing performed on her daughters. They have been diagnosed as well.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; The patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; It is unknown why this study is being ordered.; This study is NOT being ordered as a 12 month annual follow up.

Radiology Services Denied Not Medically Necessary

Patient has been having lots of dizziness and migraines. He states he is dizzy all the time and can not even work because of it.; 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.



Radiology Services Denied Not Medically Necessary

patient having memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Radiology Services Denied Not Medically Necessary

Patient is having memory loss and he can't remember where he lives. And does not remember his sister.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Radiology Services Denied Not Medically Necessary

patient is having memory loss for 1 year; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Radiology Services Denied Not Medically Necessary

Patient is needing a MRI Brain due to hypertension headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Radiology Services Denied Not Medically Necessary

patient was in car accident that caused head trauma in 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.; 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).

Radiology Services Denied Not Medically Necessary

patient with ongoing headache that comes and goes more recently in the last 2 weeks treated with Tylenol with little relief. Vertigo associated with headache and mental status change.; 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. personal history of migraines. worsening. vascular 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

pt has had fatigue and memory loss for 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 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.

Radiology Services Denied Not Medically Necessary

Pt has had fever for 3 weeks and exposed to CWD.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Radiology Services Denied Not Medically Necessary

Pt has headaches and vomiting, Pt has a good size hematoma to her left frontal scalp, no other deficits shown, vitals are normal; 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.

Radiology Services Denied Not Medically Necessary

pt has lost 15 lbs in one year; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Radiology Services Denied Not Medically Necessary

Pt has onset of tremor and unsteady gait; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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.

Radiology Services Denied Not Medically Necessary

Pt suffers with weakness in upper extremities.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Radiology Services Denied Not Medically Necessary

pt with unsteady gait, memory loss. possible alzheimer's; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The 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.

Radiology Services Denied Not Medically Necessary

severe headaches, fatigue, weakness,; 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)

Radiology Services Denied Not Medically Necessary

She is having affected speech with these severe headaches, will get imaging&#x0D; She has had more SEVERE headaches just in last 3 days and not used to having HA's&#x0D; cant rule out migraine vs other&#x0D; very Strict return precautions given, pt voiced understanding; 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.

Radiology Services Denied Not Medically Necessary

syncope; 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 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.

Radiology Services Denied Not Medically Necessary

This patient has been complaining of memory loss. Also, the patient's wife has told him that she has noticed him forgetting things lately. He had a SLUMS examination and didn't do too well on the exam.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

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.

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).

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.

Radiology Services Denied Not Medically Necessary

This study is to evaluate the pituitary. Patient has several symptoms of acromegaly.; 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.

Radiology Services Denied Not Medically Necessary

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; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.

Radiology Services Denied Not Medically Necessary

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.

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.

Radiology Services Denied Not Medically Necessary

Worsening headache causing the patient not to sleep, etc; This 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).

Radiology Services Denied Not Medically Necessary

"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; feb 16 2015; There has been treatment or conservative therapy.; muscle stiffness, weakness, termer, gait slower,; medication, blood work, EMG,

Radiology Services Denied Not Medically Necessary

&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.; 05/10/2016; There has been treatment or conservative therapy.; abdominal pain, mid back pain, unexplained weight loss, abdominal tenderness, tenderness in back,; medications



Radiology Services Denied Not Medically Necessary

&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.; 05/11/2016; There has been treatment or conservative therapy.; acute R sided thoracic back pain, r flank pain, chest wall pain; steroids, meds. labs.

Radiology Services Denied Not Medically Necessary

&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.; 3/28/16; There has not been any treatment or conservative therapy.; shortness of breath, right lower quad pain, abnormal chest x-ray

Radiology Services Denied Not Medically Necessary

&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.; 9/10/2013; It is not known if there has been any treatment or conservative therapy.; hernia, cough

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.

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.

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 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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; April 6, 2016; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/04/2016; There has been treatment or conservative therapy.; PATIENT HAS A 30 POUND WEIGHT LOSS IN 6 MONTHS WITH SYNCOPE AND COLLAPSE.; PATIENT INSTRUCTED TO QUIT SMOKING. PATIENT WAS SENT TO SEE A CARDIOLOGIST.

Radiology Services Denied Not Medically Necessary

2009 ct scan done showing a mass, 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.  
62 YRS OLD SMOKER WITH LOSS OF APPETITE AND WEIGHT LOSS; This study is being ordered for Vascular Disease.; 02/21/2016; There has not been any treatment or conservative therapy.; UNEXPLAINED WEIGHT LOSS

Radiology Services Denied Not Medically Necessary

A thoracic CT scan Possible pulmonary nodule. &#x0D; &#x0D; Reason for Edit Chest CT requested by specialist patient was referred to&#x0D; Request consultation by specialist Jeffery Cohen, Pulmonary Diseases Order Comments DX pulmonary nodule&#x0D; &#x0D; Reason for Edit referra; "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.

Radiology Services Denied Not Medically Necessary

Abnormal CXR on 05/11/2016. Foreign body sensation in Pt's, Increased fatigue, Nausea ,and pain in chest. Was told in 2015 there was a probable mass in her chest and needed further workup.; "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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

acute chest pain with sob. pain down around her left jaw and her left side. headache, nausea, and visual disturbance.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

also is having ascites; This study is 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 being examined for cyrosis; There has been treatment or conservative therapy.; swelling and dyspnea; diarutics,xrays and echo

Radiology Services Denied Not Medically Necessary

coughing up blood, diabetic, asthma, 3 episodes of coughing up blood, wheezing, shortness of breath; 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.

Radiology Services Denied Not Medically Necessary

CT 6/2015 found nodule AMM.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Radiology Services Denied Not Medically Necessary

CURRENT SMOKER AND HISTORY OF ASTHMA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2/16; There has not been any treatment or conservative therapy.; CHEST PAIN AND NUMBNESS IN NECK AND SHOULDERS, SHORTNESS OF BREATH

Radiology Services Denied Not Medically Necessary

family history of lung cancer, copd, and emphysema; 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.

Radiology Services Denied Not Medically Necessary

It is not known if there is radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; Enter answer here - or Type In UnkMr. Carter presents with a diagnosis of other nonspecific (abnormal) findings on radiological and other examinations of body structure. This was diagnosed 1 month ago.; "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.

Radiology Services Denied Not Medically Necessary

left chest wall pain and dyspnea; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

motor vehicle accident; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

multiple nodules on each lung shown on last CT done 3 years ago, never smoked no sxs at this time; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

Nodule on lung found on Xray.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Radiology Services Denied Not Medically Necessary

Patient has productive cough of green sputum. The cough has been present for 4 months. Patient is a smoker but has decreased the amount of smoking per day.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

Radiology Services Denied Not Medically Necessary

Pt also has diminished breath sounds; 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.

Radiology Services Denied Not Medically Necessary

Pt has lost 44 pounds in a year. Pt has had egd/colonoscopy/sbft that are normal; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

Radiology Services Denied Not Medically Necessary

Pt has significant weight loss in the past month, change in bowel habits and slightly abnormal chest xray; 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. Pt is having R sided chest wall pain and R axillary mass; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

Pt needs this done because of the re evaluation of the pleurisy, and also the abdominal 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.; 01/08/2008; patient has been complaining of abdominal pain and chest pain. abdominal tenderness noted as well, as well as guarding to area.; There has been treatment or conservative therapy.; Chest pain and abdominal pain, difficulty breathing at times.; He was treated for pleurisy

Radiology Services Denied Not Medically Necessary

r/o lymphoma; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Screening for lung cancer due to chronic cough, tobacco abuse and family hx 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.

Radiology Services Denied Not Medically Necessary

She Had Arteriogram x 2 With Negative Findings .She Continues To C/O Chest Discomfort.Chronic Chest Discomfort Above Left 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.

Radiology Services Denied Not Medically Necessary

She used to be a smoker so consideration for Low Dose CT 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.

Radiology Services Denied Not Medically Necessary

Smoked 2ppd X 40 years. Quit smoking a month ago. Shortness of breath; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

Radiology Services Denied Not Medically Necessary

Swelling on left side of chest.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

The patient just had a complete physical. The patient requested a CT of the chest to screen for lung cancer.; 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.

Radiology Services Denied Not Medically Necessary

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 not suspicion of tumor, neoplasm, or metastatic disease.cxct"; This study is not for evaluation of lung fibrosis or pneumoconiosis.; "Suspicion of mediastinal widening, aneurysm. mass etc..cxct"; Sputum cytology is not positive for neoplasm.

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.

Radiology Services Denied Not Medically Necessary

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; persistent cough chills fever nausea; "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.

Radiology Services Denied Not Medically Necessary

TRAUMA AFTER BEING HUGGED BY NEPHEW, EXTREME PAIN; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.

Radiology Services Denied Not Medically Necessary

unexplained weight loss, h/o tobacco use; 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.

Radiology Services Denied Not Medically Necessary

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.

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.

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.

Radiology Services Denied Not Medically Necessary

; 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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Patient had a arterial Doppler , which the results were normal . Patient has been taking Nuycnta for pain with no relief.; This study is being ordered for a neurological disorder.; 2 wks ago ... May 25, 2016; There has not been any treatment or conservative therapy.; Chronic back pain , Bilateral lower extremities edema . pt is having left side rib pain. pt had normal chest ray. pt has taken steriod with no improvement.; 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.

Radiology Services Denied Not Medically Necessary

This is a request for a chest MRI.

Radiology Services Denied Not Medically Necessary



Radiology Services Denied Not Medically Necessary

&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.; 6/20/2016; There has not been any treatment or conservative therapy.; Syncope, hypotension, and dizziness

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 04/01/2016; It is not known if there has been any treatment or conservative therapy.; cervicalgia, back pain

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; PROVIDER REQUESTING CT SCANS FOR FUTHER EVAL; There has been treatment or conservative therapy.; HEADACHE, MAXILLARY SINUSITIS; ANTIBIOTIC TREATMENT PO AND IM INJ, SALINE NASAL WASHES AT HOME

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

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.

Radiology Services Denied Not Medically Necessary

Abn xray; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.

Radiology Services Denied Not Medically Necessary

Abnormal xray of both c-spine and l-spine; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/08/2016; There has been treatment or conservative therapy.; Having progressive neck and back pain; limbs are going numb; Patient is in Pt and is taking pain meds.

Radiology Services Denied Not Medically Necessary

car accident; This study is being ordered for a neurological disorder.; 5/11/2016; There has not been any treatment or conservative therapy.; headache, head trauma, Chronic pain for years, neck radiating into shoulder. Hx bulging disc in neck. Numbness and tingling down to her elbows.; 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.

Radiology Services Denied Not Medically Necessary

Contusion neck Numbness Pain in 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.

Radiology Services Denied Not Medically Necessary

Evaluate chest and ribs.; This study is being ordered for trauma or injury.; January 2016; There has not been any treatment or conservative therapy.; Chest and rib pain with breathing, back pain, decreased ROM.

Radiology Services Denied Not Medically Necessary

headaches, neck pain; This study is being ordered for trauma or injury.; pt. was involved in a MVA on 4-29-16 and hit head.; There has been treatment or conservative therapy.; ; pt. was given muscle relaxer, naproxen.

Radiology Services Denied Not Medically Necessary

His xray shows he has had the fusion surgery and has progressive degenerative changes.; 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.

Radiology Services Denied Not Medically Necessary

mva 5/7/2016 numbness weakness in arms , neck 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.

Radiology Services Denied Not Medically Necessary

Neck pain for 1 month.; 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.

Radiology Services Denied Not Medically Necessary

patient has ddd c-spine and paresthesia to the left arm; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

patient has tingling and numbness in both arms and legs; This study is being ordered for a neurological disorder.; 04/14/16; It is not known if there has been any treatment or conservative therapy.; paresthesia to both arms and legs, tingling  
pt has been experiencing neck problems for some time, now complaining of shoulder and arm 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.

Radiology Services Denied Not Medically Necessary

Pt has had 3 neck surgeries, neck pain as a result of being assaulted 08/15; 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.

Radiology Services Denied Not Medically Necessary

Pt states she has had these headaches every day since April 13, 2016. Pt states headaches are new in onset and has tried multiple therapies including OTC meds before attaining scripts for prescription meds which, unfortunately, have not been helpful in 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.; April 13, 2016; There has been treatment or conservative therapy.; Pt c/o initially of headaches mainly in the left side of her head and into her neck. Pt describes the headaches as dull and throbbing but extremely persistent.; Pt has been treated with Esgic, prednisone, and indomethacin. Pt has also tried alternating heat and cool packs PRN.

Radiology Services Denied Not Medically Necessary

Pt suffers with neurological deficits on exam.; 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.

Radiology Services Denied Not Medically Necessary

R/O POSSIBLE HEART ATTACK; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/1/2016; There has not been any treatment or conservative therapy.; NUMBNESS, TINGLING, BACK PAIN DULL AND CONSTANT

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

R/O tumor; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/28/2016; There has been treatment or conservative therapy.; Severe headache and pressure; Medications, treatment for sinus infection

Radiology Services Denied Not Medically Necessary

Right shoulder pain that radiates to fingertips and is described as numbness and throbbing pain at night.; 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.

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 Abnormal gait.

Radiology Services Denied Not Medically Necessary

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; 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.

Radiology Services Denied Not Medically Necessary

Trying to r/o brain bleed; This study is being ordered for trauma or injury.; 03/05/2016; There has not been any treatment or conservative therapy.; Memory loss, dizziness, heaches, concussion

Radiology Services Denied Not Medically Necessary

unknown - 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.

Radiology Services Denied Not Medically Necessary

UNKNOWN; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; HEAD AND NECK PAIN

Radiology Services Denied Not Medically Necessary

Unresolved neck 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.

Radiology Services Denied Not Medically Necessary

WANT TO CHECK FOR CEREBRAL SPINE FLUD LEAK.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/4/2016; There has been treatment or conservative therapy.; CHRONIC HEADACHE, NEURITIS; NSAIDS AND PAIN MEDS

Radiology Services Denied Not Medically Necessary

x-ray negative but still having pain and spasms; 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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

Acute upper back spasm with pain unresolved by ansaid, anti-inflammatories, IM and PO.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.

Radiology Services Denied Not Medically Necessary

headaches, neck pain; This study is being ordered for trauma or injury.; pt. was involved in a MVA on 4-29-16 and hit head.; There has been treatment or conservative therapy.; ; pt. was given muscle relaxer, naproxen.

Radiology Services Denied Not Medically Necessary

middle back pain for the past year, can feel something grinding and popping in the middle of his back area; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.

Radiology Services Denied Not Medically Necessary

Pt fell a few weeks ago and is experiencing severe back pain / HX of compression fractures / had a CT in 01/2016 (normal) and an MRI 02/2016 (normal); 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.

Radiology Services Denied Not Medically Necessary

R/O POSSIBLE HEART ATTACK; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/1/2016; There has not been any treatment or conservative therapy.; NUMBNESS, TINGLING, BACK PAIN DULL AND CONSTANT

Radiology Services Denied Not Medically Necessary

The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for a neurological disorder.; was in an altercation in January and symptoms have gotten worse since then; There has not been any treatment or conservative therapy.; patient is having mid to low back pain with radiation into arms and neck and occasional numbness in fingers

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 04/01/2016; It is not known if there has been any treatment or conservative therapy.; cervicalgia, back pain

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Abnormal xray of both c-spine and l-spine; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/08/2016; There has been treatment or conservative therapy.; Having progressive neck and back pain; limbs are going numb; Patient is in Pt and is taking pain meds.

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.; 02/2016; There has not been any treatment or conservative therapy.; Hip pain sciatica LBP

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.

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.

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.

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.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for a neurological disorder.; was in an altercation in January and symptoms have gotten worse since then; There has not been any treatment or conservative therapy.; patient is having mid to low back pain with radiation into arms and neck and occasional numbness in fingers

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 weakness in neck; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 with mobility tingling in the legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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/numbness 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; The physician has not directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.



Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 4/8/2016; There has not been any treatment or conservative therapy.; radiculopathy

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 40 years; There has been treatment or conservative therapy.; xray shows significant degeneration cervical spine, numbness, tingling in hands, radiculopathy in right leg; medications - medrol dose pack, trasodone, tramadol,

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 7/14/2015; There has been treatment or conservative therapy.; neck pain radiating into arm, paresthesia, upper extremity weakness, low back pain radiating into both legs; anti-inflammatories, physical therapy

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; nine years ago; There has been treatment or conservative therapy.; pain/numbness / tingling/ pain radiation down to legs and arms; PT/ OCT medications /MRI to years ago

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; Oct 31, 2014; There has been treatment or conservative therapy.; Pt has lumbago w/ sciatica, neck pain for over 3 months and scoliosis; Pt has had rest, anti inflammatory

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; failed physical therapy, shots, naproxen

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; new onset daily headache, chronic neck pain, lumbar pain with radiation down L leg; medications,

Radiology Services Denied Not Medically Necessary

&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.; 02/18/2013; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; 04/21/2011; There has been treatment or conservative therapy.; numbness and tingling in hands, weakening in grip, weakness in left leg and right arm.; medications.

Radiology Services Denied Not Medically Necessary

&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.; 05/09/2016; There has been treatment or conservative therapy.; pain; Chiropractic care no relief

Radiology Services Denied Not Medically Necessary

&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.; 1/19/2015; There has not been any treatment or conservative therapy.; BACK PAIN NECK PAIN MIGRAINES

Radiology Services Denied Not Medically Necessary

&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.; 15 years ago; There has been treatment or conservative therapy.; PAIN LIMITED RANGE OF MOTION ON NECK AND SHOULDER HEADACHES MUSCLE WEAKNESS MUSCLE SPASMS IN THE NECK; Medications prior imaging

Radiology Services Denied Not Medically Necessary

&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.; 38 YEARS AGO; There has been treatment or conservative therapy.; pain, muscle spasms.; MEDICAIONS AND PHYSICAL THEARPY,

Radiology Services Denied Not Medically Necessary

&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.; 5/5/2015; There has been treatment or conservative therapy.; neck and back pain, muscle spasms, tenderness in arms; home exercises, pain medication,

Radiology Services Denied Not Medically Necessary

&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.; 6 months ago; There has not been any treatment or conservative therapy.; neck pain shoulder pain and neck mass

Radiology Services Denied Not Medically Necessary

&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.; 7/14/2014; There has been treatment or conservative therapy.; low back pain that generates down legs; medications

Radiology Services Denied Not Medically Necessary

&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.; about 1 year ago; There has been treatment or conservative therapy.; pain for laying for sitting for a while...; PT, Medications

Radiology Services Denied Not Medically Necessary

&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.; chronic for years; There has been treatment or conservative therapy.; chronic back pain, numbness, tingling throughout back, knee pain behind knees bilateral.; Physical therapy 8 wks

Radiology Services Denied Not Medically Necessary

&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.; Surgery in March 2015.; There has been treatment or conservative therapy.; Numbness, pain, in lower back and legs.; Steroids, no PT.

Radiology Services Denied Not Medically Necessary

&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.; unknown; It is not known if there has been any treatment or conservative therapy.; neck pain & back pain

Radiology Services Denied Not Medically Necessary

&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.; will fax in all clinical; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 04/12/2016; There has been treatment or conservative therapy.; see DX; Anti inflammatory medication. NSaids

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 2012; There has not been any treatment or conservative therapy.; Pain in spinal column

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 2014; There has not been any treatment or conservative therapy.; Mbr had gun shot wound to the Ankle and fell during the incident hurting his back

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 3/1/16; There has been treatment or conservative therapy.; Patient is having right shoulder, arm and back pain, neck pain.; Patient has done medication, anti-inflammatory, steroids.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 4/2/2016; There has been treatment or conservative therapy.; Pain, tingling in left arm; PT, medication

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; ongoing for 12 years; There has been treatment or conservative therapy.; neck and back pain; physical therapy and medications

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; back pain, weakness, muscle spasms, unable to walk and sit, unable to bend.; pain medication,

Radiology Services Denied Not Medically Necessary

. pt with persistent neck pain and limited ROM. &#x0D; notices crepitus/popping with movement. &#x0D; XR with moderate mid cervical degenerative disease. &#x0D; Pt has tried home exercises without improvement and possibly some 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.; It is not known if the patient has had back pain for over 4 weeks.

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.; It is not known if there is x-ray evidence of a recent cervical spine fracture.

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 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.;

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.; Document exam gs&#x0D; &#x0D; patient is needing a MRI OF THE CERVICAL FOR 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.

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.; Patient seen in clinic 4/20/16 with neck pain, the location of discomfort is posterior. The pain is characterized as moderate in intensity, constant, and sharp. Initial onset was one week ago. Associated symptoms include bilateral upper extremity pares; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

; 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.

Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; 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&#x0D; Rest, at home exercise, Ice,and Medication

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 03/01/2013; There has been treatment or conservative therapy.; Severe pain with radiculopathy and numbness; Prescription meds

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 03/08/2016; There has been treatment or conservative therapy.; numbness in her arms and legs both. at night. some tingling.; physican ordered physical therapy, 6 weeks

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; few years; There has been treatment or conservative therapy.; neck/back pain, pain radiates down the buttocks and posterior thigh intermittently, will alternate sides, numbness anterior thigh. Right arm numbness and pain; exercise/opioid analgesics

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; has had pain in thoracic area since September 2015; There has been treatment or conservative therapy.; numbness and loss of motion in R arm; PT, NSAIDS, narcotics, home exercises, steroids

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; october 2015; There has been treatment or conservative therapy.; Searing pain into limbs from lower back and neck. neck pain, stiffness, tenderness, decreased range of motion. Tingling/numbness/pain down both arms. Back pain, decreased range of motion, pain down both limbs. This pain has gradually worsened a; Pt has tried home exercise, flexeril, injections, trigger point. She has had plain films done that showed changed but no fx

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; it started on 3/3/16; There has not been any treatment or conservative therapy.; she is having ongoing low back that is not getting any better.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/17/16; There has been treatment or conservative therapy.; Persistent complaint of pain in the axilla of the right arm, radiating into the biceps and the upper forearm and lateral left elbow; inflammatory medication and home stretches



Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 MONTHS AGO; There has been treatment or conservative therapy.; NECK/UPPER BACK PAIN WITH NUMBNESS/WEAKNESS BOTH HANDS; ANTI-INFLAMMATORY MEDICATION, PHYSICAL THERAPY, MUSCLE RELAXERS

Radiology Services Denied Not Medically Necessary

; This study is 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 xray of the lumbar spine on 3-31-16. Pt has c/o of lower back pain with weakness in right leg and burning sensations in both legs. Pt. states that he has tried heat, ice and biofreeze rub w/ no relief. Pt went to JRMC last night and th; There has been treatment or conservative therapy.; Low back pain with weakness in right leg and burning sensations in both legs; Pain medications, steroid injections and oral prednisone

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; chronic neck and right shoulder pain with radiculopathy and decreased ROM, worsened over past month; Physical therapy and has seen chiropractor. Has taken NSAIDS

Radiology Services Denied Not Medically Necessary

Cervical ROM is limited in flexion and lateral rotation. There is tenderness to palpation at cervical spinous processes and paraspinal muscles. Cervical facets: Bilateral palpation of cervical joints at C3-4, C4-5, C5-6 and C6-7 levels reproduced typical; This study is being ordered for a neurological disorder.; 04-11-2016; There has been treatment or conservative therapy.; Arm and leg weakness, muscle cramping and burning. Sudden onset of urinary incontinence; Medication therapy, medical branch blocks, Physical therapy and Tens, massage

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 not have 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.; The physician has not directed a home exercise program for at least 6 weeks.; Naprosyn

Radiology Services Denied Not Medically Necessary

Fever new.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/7/2016; There has been treatment or conservative therapy.; Pt c/o pain radiating down bilat arms, dull sharp, shooting pain. Aggravating by daily activity, spasm and tenderness. New problem upper back and neck radiating down R arm. Numbness, tingling in fingers with a low grade fever.; Steroid injections did not help and PT

Radiology Services Denied Not Medically Necessary

For problem cervical radiculopathy and pain, thoracic spine radiculopathy and pain, lumbar spine radiculopathy and pain; This study is being ordered for a neurological disorder.; Unknown, first seen on 04/07/2016 with general body aches and malaise; There has been treatment or conservative therapy.; radiating pain in neck, thorax and lower back; pt was given medication, muscle relaxers and set up with pain management

Radiology Services Denied Not Medically Necessary

Has chronic upper back pain - between shoulder blades. Has tried chiropractors. Feels like a twisting pain. Says she does ROM exercises which hurts but says it does help. Used to give her HA but that seems better. Says its always better in the summertime.; This study is 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 ago; There has been treatment or conservative therapy.; numbness & pain; prednisone, gabapentin, muscle relaxers

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.;

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.; &lt;Enter Additional Clinical Information&gt;

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.; UNKNOWN

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.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; &lt;Enter Additional Clinical Information&gt;

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.; 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.;

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.; Persistent neck pain for 2 months associated with numbness and tingling in left upper extremity extending to fingers and radiating to left lower extremity. Pt has treated with BC Powder for 2 months without improvement. Upon physical exam pt had pain to l Medication and physical therapy is not resolving patient's 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.; It is not known if the patient has had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

MUSCULOSKELETAL: Crepitus, Tenderness, Effusion: radicular pain into left arm and left axilla all the way to the left hand &#x0D; NEUROLOGIC: sensation: pain all the way to the left 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.; MUSCULOSKELETAL: Crepitus, Tenderness, Effusion: radicular pain into left arm and left axilla all the way to the left hand &#x0D; NEUROLOGIC: sensation: pain all the way to 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.

Radiology Services Denied Not Medically Necessary

MVA- SINGLE OCCUPANT- HIT DITCH 1.CONCUSSION&#x0D; 2.VISION CHANGES&#x0D; 3.RINGING IN EARS&#x0D; 4.MYALGIAS&#x0D; 5.CRAMP OF LIMBS&#x0D; 6.TORTICOLLIS&#x0D; 7.ABD WALL TENDERNESS&#x0D; &#x0D; 2.SYNCOPE WITHOUT WARNING; This study is being ordered for trauma or injury.; 06/15/16; There has not been any treatment or conservative therapy.; MVA- SINGLE OCCUPANT- HIT DITCH 1.CONCUSSION&#x0D; 2.VISION CHANGES&#x0D; 3.RINGING IN EARS&#x0D; 4.MYALGIAS&#x0D; 5.CRAMP OF LIMBS&#x0D; 6.TORTICOLLIS&#x0D; 7.ABD WALL TENDERNESS&#x0D; &#x0D; 2.SYNCOPE WITHOUT WARNING n/a; This study is being ordered for trauma or injury.; March 2016; There has been treatment or conservative therapy.; back pain, pain radiating down both legs, numbness in left leg; home physical therapy, medications NA; This study is being ordered for Inflammatory/ Infectious Disease.; NA; There has been treatment or conservative therapy.; NA; NA

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Neck pain with decreased range of motion. Started several months ago and has progressively gotten worse.; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Neurologist referral requires updated MRI; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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.

Radiology Services Denied Not Medically Necessary

No Info Given; This study is being ordered for trauma or injury.; Date of initial onset was March 20,2016- per patient.; There has not been any treatment or conservative therapy.; Neck pain, upper back pain, headaches.

Radiology Services Denied Not Medically Necessary

no r/o; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2014 headaches; There has been treatment or conservative therapy.; headache and neck pain, radiculopathy; x rays

Radiology Services Denied Not Medically Necessary

None; 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.

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for a neurological disorder.; 10/04/2015; There has been treatment or conservative therapy.; Fatigue vision changes, joint pain, muscle weakness, neck pain. extremity weakness, headaches a numbness in extremities.; meds,

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.; 4/2015; There has been treatment or conservative therapy.; Pt has persistent neck and back pain. No sleeping due to the pain. aching sensations.; Home exercises, medication therapy . Injections

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for trauma or injury.; 1988; There has been treatment or conservative therapy.; Pt c/o Upper back pain radiating to L arm. Numbness in hands.; PT

Radiology Services Denied Not Medically Necessary

ongoing pain and headaches; This study is being ordered for trauma or injury.; 6 months; There has been treatment or conservative therapy.; Postconcussion syndrome; Post-concussional personality disorder; headache ; neck pain; pain medication

Radiology Services Denied Not Medically Necessary

osteopnea oostearthritis; This study is being ordered for Inflammatory/ Infectious Disease.; 3.20.16; There has been treatment or conservative therapy.; neck pain pain in shoulder numbness down arm; pain meds exercise

Radiology Services Denied Not Medically Necessary

pain over 2 years. tingling down arms; 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 directed a home exercise program for at least 6 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.; Mobic 7.5 MG

Radiology Services Denied Not Medically Necessary

pain with palpitations to the spine. pt is in PT in 3 wks; 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 to left upper extremity and tingling at 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.

Radiology Services Denied Not Medically Necessary

parathesis to all extremities .; This study is being ordered for a neurological disorder.; 4/15/16; There has not been any treatment or conservative therapy.; Parathesia to all extremities--upper and lower

Radiology Services Denied Not Medically Necessary

Patient condition is worsening.; This study is being ordered for trauma or injury.; OFF AND ON FOR 3 YEARS, BUT WORSENING LATELY; There has been treatment or conservative therapy.; Chronic neck and back pain with radiation to right hip and right arm; Patient has had been treated with steroids and anti-inflammatory without improvement.

Radiology Services Denied Not Medically Necessary

Patient had a CT scan of cervical spine which resulted in mild degenerative changes , pronounced at C5-6 there is mild canal and bilateral foramina 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.; Friday 04/15/16; There has been treatment or conservative therapy.; severe back pain all up and down spine. patient cant lift arms or turn her neck .; patient has 9.5-10 muscle relaxer and 18-20 naproxen and pain medication of hydrocodone acetaminophen 10/325mg.

Radiology Services Denied Not Medically Necessary

patient had MRI's done in 2014 which showed narrowing and disc bulges and protrusions; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; began 2-3 years ago with herination; There has been treatment or conservative therapy.; neck and back pain; patient did six weeks of at home exercises given by doctor

Radiology Services Denied Not Medically Necessary

patient has a history of facet disease .; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain; medication and referral to pain management

Radiology Services Denied Not Medically Necessary

patient has had pain for more than a year now but has gotten worse after seeing a chiropractor on 4/13/16. Pt is now having increasing pain in neck, back and upper limbs with muscle spasms and numbness. Suspect herniated disc impinching the nerves.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/13/2016; There has not been any treatment or conservative therapy.; pain, numbness, muscle spasms



Radiology Services Denied Not Medically Necessary

Patient has had problems on and off for several months but 03-10-2016 patient came in we gave him home exercises Tylenol 3 for pain and Flexeral muscle relaxers. He seems to get a little better . Patient back in 04-08-2016 Pain is worse in his neck and T; This study is being ordered for a neurological disorder.; 03-10-2016; There has been treatment or conservative therapy.; Neck and Upper T-Spine pain Pain radiates around his right arm, Pain feel like a ice pick is poking him; Patient was given home exercises to do. He has taken Muscle relaxers and pain medicine. Also has been dieting

Radiology Services Denied Not Medically Necessary

Patient is a candidate for epidural steroid injections and surgery. X-rays on 04/04/2016 indicate: straightening of cervical spine and degenerative changes throughout cervical spine. Lumbar spine x-ray indicates diffuse degenerative changes, loss of disk ; This study is being ordered for a neurological disorder.; 2008; There has been treatment or conservative therapy.; Sharp stabbing pain in low back, numbness and tingling radiating down left leg. Neck and low back pain chronic duration. Worsening neck pain with head movement and moving arms. Worsening neck and low back pain with Physical Therapy.; Physical Therapy- currently enrolled and patient states she is unable to continue due to worsening pain symptoms with therapy.

Radiology Services Denied Not Medically Necessary

patient was seen in ER for the pain 5/14/16 &#x0D; &#x0D; pain is getting worse; This study is being ordered for trauma or injury.; 5/14/16; It is not known if there has been any treatment or conservative therapy.; neck pain and lumbar pain

Radiology Services Denied Not Medically Necessary

Patient was seen in ER on 06/22/16, in the office visit all that was evaluated was an xray of her shoulder. Patient is continuing to have pain with no relief from hydrocodone and cyclobenzaprine given in ER.; This study is being ordered for trauma or injury.; 06/21/2016; There has not been any treatment or conservative therapy.; Continued pain in neck, left arm, and left leg following MVA on 06/21/2016

Radiology Services Denied Not Medically Necessary

Patient with chronic neck pain radiating to left shoulder with weakness. Has tried PT and anti-inflammatories and has even seen chiropractor without benefit.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left arm weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Per patient history, patient has been having neck and shoulder pain for 1-2 years.; 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.

Radiology Services Denied Not Medically Necessary

Pt appears in distress pt was given &#x0D; Patient education about back care and Home range of motion exercises&#x0D; pt says in 2015 a keg fell on his back, pt has had back pain and neck pain with no improvement with medication and home back care; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/15/2015; There has been treatment or conservative therapy.; Neck and Back pain &#x0D; Lower back pain lumbar spine painful on movement, lumbar pain on palpation, is chronic, is unrelenting, causing difficulty finding a comfortable position, and with muscle spasm.&#x0D; No right leg weakness and no left leg weakness. Tingli; pt has been given pain medication therapy with no improvement

Radiology Services Denied Not Medically Necessary

Pt c/o neck and back pain.&#x0D; patient has been c/o severe pain in the neck which goes down to his arm on the rt side . he has chronic neck pain past 5 to 6 yrs he had an mri done in dec 2012 which showed rt disc herniation at C3c4 CAUSING MOERATE TO SEVER; 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.; ; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Pt complains about pain radiating to bilateral hip down both legs as well as bilateral shoulders down both arms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Pt. reports initial onset about one year ago.; There has not been any treatment or conservative therapy.; Lumbar and Cervical spine pain

Radiology Services Denied Not Medically Necessary

pt continues to have these symptoms without relief to nsaid and pain medication. Pt has not had any improvement with the therapy nor her medications at this time and pain becomes worse daily.; This study is being ordered for a neurological disorder.; prior to 5/26/2016; There has been treatment or conservative therapy.; pt has some numbness and tingling in her legs, and shoulders. she also has some decreased rom in bil hands and arms.; pt has been seeing a chiropractor and she has been receiving pt and some tens therapy and adjustments to her neck, lower and upper back.

Radiology Services Denied Not Medically Necessary

Pt has acute pain lasting longer than 3 months. pt has limited movements due to bilateral toe amputations; pt is truly in pain and needs some relief; This study is being ordered for trauma or injury.; Pt states he fell in the winter, first encounter with complaint was 03/07/2016; There has been treatment or conservative therapy.; pt complaint of neck pain radiating to left shoulder ; no relief with medication or gentle exercise; Pt given Home Therapy easy to read Back Exercises 03/07/2016; pt also given pain medication tramadol at this time ; no relief from symptoms

Radiology Services Denied Not Medically Necessary

pt has been dealing with this for over a month, medication is not working, need to see if there is anything going on; This study is being ordered for trauma or injury.; 12/02/2016; There has been treatment or conservative therapy.; arthralgias/joint pain (pain to back of neck, bilateral shoulders, and lower back pain into bilateral legs), back pain; Medications like nsaid anti inflammatory pain medication and steroid dose pack

Radiology Services Denied Not Medically Necessary

R/O disc herniation; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased grip on the left side with parathnesia; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

r/o ruptured disc or compression on the nerve; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has weakness in both arms; can't make a fist; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

R/O spinal cord compression; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/13/2016; There has been treatment or conservative therapy.; Pain, dizziness, and x-ray shows spondylosis; Medications

Radiology Services Denied Not Medically Necessary

Radicular pain of lumbosacral region and Cervicalgia.; This study is being ordered for a neurological disorder.; According to medical records, pt was seen on 2-3-16 with documentation complaint times one week. This would be around 1-26-16.; There has been treatment or conservative therapy.; Muscle spasms and radiating pain from low back down to right left with shocking sensation.; Pt has tried OTC medications. Has tried taking Flexeril and Diclofenac without relief. And has had steroid injections.

Radiology Services Denied Not Medically Necessary

radiculopathy in shoulder radiating to upper arm and elbow.&#x0D; &#x0D; Vision changes - constant w/line and spots in rt eye.; This study is being ordered for trauma or injury.; 05/21/15; It is not known if there has been any treatment or conservative therapy.; Pt sustained injury after a skating accident. Right Shoulder pain described as sharp and radiating to the upper right arm and elbow. Symptoms are worsening. Symptoms include: clicking; decreased ROM; weakness and pain in arm.&#x0D; &#x0D; Pt has experienced vis

Radiology Services Denied Not Medically Necessary

Right shoulder pain with pain radiating down to fingers-dyscoloration of skin and cold to touch. Numbness and tingling occur. c/o radiation pain into upper back. pain worsens with movement and when trying to raise arm. MRI of shoulder was normal. Pt now c; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pinching b/t shoulder blades-positive Lhermitte's sign. pt unable to lift her arm due to pain-c/o weakness also in 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. severe neck pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.

Radiology Services Denied Not Medically Necessary

Severe Pain in Shoulder; This study is being ordered for Inflammatory/ Infectious Disease.; 4/27/16; There has been treatment or conservative therapy.; Severe right shoulder pain that radiates into patients neck; Injection on 5/19/16, trigger point and tendon injection. 5/25/16 Trigger point injection and then sent pt to orthopedics surgeon.

Radiology Services Denied Not Medically Necessary

She also reports having severe neck pain. This has been present for well over a year. She has been to physical therapy without improvement. She reports having a burning sensation to the posterior neck. She has been on NSAIDs and muscle relaxers without mu; 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 also reports having severe neck pain. This has been present for well over a year. She has been to physical therapy without improvement. She reports having a burning sensation to the posterior neck. She has been on NSAIDs and muscle relaxers without mu; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

She has weakness and is dropping. She has lower back pain that has been there for awhile, but has been worse over the last 2 to 4 weeks.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral hand numbness/lower back pain Patient reports paresthesia: (hanShe has weakness and is dropping. She has lower back pain that has been there for awhile, but has been worse over the last 2 to 4 weeks.ds) and weakness (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.

Radiology Services Denied Not Medically Necessary

spasms in 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 year ago; There has been treatment or conservative therapy.; tension in neck and back pain; meds, home exercise

Radiology Services Denied Not Medically Necessary

Spurling's test positive, Brachioradialis Reflex Right: diminished (1),Triceps Reflex Right: diminished (1), Biceps Reflex Right: diminished (1), decreased lordosis, tenderness of the paracervicals; 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.; Spurling's test positive, Brachioradialis Reflex Right: diminished (1),Triceps Reflex Right: diminished (1), Biceps Reflex Right: diminished (1)

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.; No, this patient did not have a recent course of supervised physical Therapy.

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.

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.

Radiology Services Denied Not Medically Necessary

The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; &lt;Enter Additional Clinical Information&gt;

Radiology Services Denied Not Medically Necessary

The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; when pt was 15 he was in a head on collision and thrown threw winshield. he played 6 yrs of football all this contributed to his neck PAIN. hE HAS A RUPTURED DISC IN HIS NECK AND IS HURTING PT VERY BADLY.

Radiology Services Denied Not Medically Necessary

The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; 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.;

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.; &lt;Enter Additional Clinical Information&gt;

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.; looking to see if patient is possible candidate for surgical solution

Radiology Services Denied Not Medically Necessary

The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; patient has worsening cervicgia. patient has pain going down into left arm. patient is waking up in the night with neck pain and pressure in eyes when he turns his head side to side.



Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

The Pt has right hand numbness. Pt had normal 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 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.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Neurological deficits; &lt;Enter Additional Clinical Information&gt;; 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.

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.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; Mild amount of tenderness in bilateral paraspinal muscle regions around C2-C3. Patient has a rash over her left thenar eminence that is very dry and flaky and itchy and approximately 2" x 3" in diameter.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; Pt's MRI of brain was normal. She continues to have severe headaches. She reports headaches begin at base of neck and radiate upwards. Xray of c spine showed degenerative changes. Will obtain MRI of c spine to see if there is stenosis or other problem ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; Tamara Charles is being treated for chronic migraines with Sumatriptan 6mg/0.5ml and the sumatriptan 100 mg tabs. She uses the tablets for acute migraine relief and follows up with the injectable if nausea results from a worsening headache with no more than; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

Radiology Services Denied Not Medically Necessary

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.

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.

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.; &lt;Enter Additional Clinical Information&gt;

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 has neck pain and headaches

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 numbness/pain in neck.

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.; &lt;Enter Additional Clinical Information&gt;

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.; MVA Friday4/22/2016, neck pain stiffness and tenderness and has neck surgery in past

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; pain

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 complains of weakness and fatigue and unable to sleep because of pain and tingling.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; patient has been diagnosed with bone spurs in her neck. She recently started having severe neck pain.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Patient has been having neck pain and right shoulder pain, patient had Nerve Studies done, Findings stated that the patient needed to have high tech imaging.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; PATIENT HAS HISTORY OF CERVICAL FUSION. SEVERE PAIN, KEEPING PATIENT UP AT NIGHT. PAIN GETTING WORSE.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Patient has pain that radiates down bil arms.

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 was given a referral for physical therapy on 5/11/16 she also was prescribed vicoden, Mobic and flexeril with prednisone

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.; proscruber requesting MRI for futher evaluation

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.;

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.; &lt;Enter Additional Clinical Information&gt;

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.; cervical pain with parathesias to left jaw, sharp moderate pain (5-7), point tenderness on the left side

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.; Neck pain &#xOD; Onset: 3 weeks ago. The problem is severe. The frequency of pain is daily. Location of pain is bilateral posterior neck. There is radiation of pain to the bilateral upper arm and bilateral elbow. The patient describes the pain as sharp.

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.; pt is c/o neck pain radiating to left shoulder and arm. needing mri to further evaluate

Radiology Services Denied Not Medically Necessary

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; &lt;Enter Additional Clinical Information&gt;

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Trauma or recent injury; ; No, the patient does not have new or changing neurological signs or symptoms.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Trauma or recent injury; none; 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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Trauma or recent injury; Patient to be evaluated for neck pain. The location of discomfort is posterior. It radiates to the occipital scalp. The pain is characterized as moderate in intensity, severe, constant, sharp, and throbbing. Initial onset was 3 weeks ago. The precipi; No, the patient does not have new or changing neurological signs or symptoms.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Trauma or recent injury; Strain of muscle versus whiplash of the cervical spine. Unfortunately the patient is not improving, the symptomology has persisted after the standard treatment. Patient had a CT scan that showed no evidence of fractures, x-rays are unremarkable. Given his; 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.

Radiology Services Denied Not Medically Necessary

To determine the cause of patient's pain so appropriate treatment can be started.; This study is being ordered for trauma or injury.; June 2, 2016; There has been treatment or conservative therapy.; Patient states she cannot use right shoulder without pain shooting into her neck. Patient states she feels like she has 'pins and needles' in her right foot. Patient describes pain as 'excruciating'.; Patient prescribed hydrocodone for pain management. Patient had an injection from orthopedic MD (Dr. Richardson) which patient stated helped for a few days but then wore off.

Radiology Services Denied Not Medically Necessary

To get a better look at what is going on with patient cervical and lumbar spine that we can not get from plain films; This study is being ordered for a neurological disorder.; Patient has been complaining of pain in cervical and lumbar spine. Pt also complains of neuropathy in both legs.; There has been treatment or conservative therapy.; Pain and neuropathy; Pt was prescribed pain medication and NSAIDs. Pt was advised to rotate heat and ice as needed for pain and sore muscles. Pt experienced no relief from these medications but was unable to complete physical therapy due to work schedule.

Radiology Services Denied Not Medically Necessary

unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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 directed a home exercise program for at least 6 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.

Radiology Services Denied Not Medically Necessary

UNKNOWN; This study is being ordered for Inflammatory/ Infectious Disease.; UNKNOWN; There has been treatment or conservative therapy.; PAIN; MEDICATIONS 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.; 04/20/2016; There has not been any treatment or conservative therapy.; No control of lower extremities and loss of bladder control. Dizziness

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2008; It is not known if there has been any treatment or conservative therapy.; patient is having neck and back pain.

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.; 3/1/2016; There has been treatment or conservative therapy.; chronic back pain, numbness, tingling, decrease mobility; medication, prescriptions

Radiology Services Denied Not Medically Necessary

UNKNOWN; This study is being ordered for trauma or injury.; 03/21/2016; There has been treatment or conservative therapy.; RIGHT SHOULDER PAIN, CERVICAL PAIN, SLOW PROGRESS. TENDERNESS IN THE SPINE, DECREASED RANGE OF MOTION IN THE NECK; PHYSICAL THERAPY, X-RAYS

Radiology Services Denied Not Medically Necessary



Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for trauma or injury.; November 10th, 2015. Patient fell off of a combine.; There has not been any treatment or conservative therapy.; extreme pain in lower back with radiculopathy of LE's.

weakness back 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.; 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.

Radiology Services Denied Not Medically Necessary

will fax clinical info; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2006; There has been treatment or conservative therapy.; severe neck/mid/low back pain; cervical radiculopathy r side numbness and tingling in arms and lumbar radiculopathy difficulty walking; unable to sleep; spasm; pain meds; supervised pain management

Radiology Services Denied Not Medically Necessary

Workup prior to referral to pain management; This study is 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 ago; There has been treatment or conservative therapy.; Pain in Rt Shoulder, low back, worse after she works all day; Pain management; medications

Radiology Services Denied Not Medically Necessary

Worsening factor(s) include : sitting, looking up and lying flat on back , Other associated symptoms/problems are as follows: difficulty staying asleep due to pain and numbness .; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-28-16; There has been treatment or conservative therapy.; Pain radiating to bilateral upper extremities and bilateral lower extremities. Turning head from side to side and difficulty sitting for periods of time. Trouble sleeping due to the pain; Epidural Steroid Injections, Medication Therapy and TENS.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Worsening headaches; hx of deteriorating disc per patient; 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.

Radiology Services Denied Not Medically Necessary

X-ray of the C-spine shows degeneration and disc space narrowing between C3-C5. This is especially true at the C4-C5 level. She has osteoarthritic findings in the neck. She has obvious severe scoliosis involving the upper thoracic spine. She has scoli; This study is being ordered for Inflammatory/ Infectious Disease.; 10/14/2014; There has been treatment or conservative therapy.; X-ray of the C-spine shows degeneration and disc space narrowing between C3-C5. This is especially true at the C4-C5 level. She has osteoarthritic findings in the neck. She has obvious severe scoliosis involving the upper thoracic spine. She has scoli; Patient has tried meloxicam and cyclobenzaprine

Radiology Services Denied Not Medically Necessary

x-ray performed of cervical spine; diagnosis is 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 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.

Radiology Services Denied Not Medically Necessary

XRAY REPORT::3 views of the cervical spine. There is straightening of the normal lordotic curvature. There is vertebral body height loss at see 6 with a small anterior disc space narrowing over the inferior vertebral body margin. There appears to be a soft tissue disc protrusion; 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.; There is weakness.; NECK/THYROID: ----TENDER----, RIGHT, C5 area tapping causes shooting pains into the forearm, C6 tapping and light pressure causes shooting electric pains down the radial forearm into the thumb, -----WEAKNESS-----, RIGHT, C5/6 weakness in the biceps and triceps; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

XRAY SHOWS STRAIGHTENING OF C SPINE,DJD,FORANIMAL NARROWING R SIDE,STILL HAVING PAIN DOWN NECK LFT SHOULDER ARM W/ NUMBNESS; 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.; 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.

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 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."

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.";

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 COMPLAINS OF NUMBNESS STARTING IN LEFT SHOULDER BLADE AND GOING AROUND TO MID CHEST WITH LEFT NIPPLE NUMBNESS.

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."; This was diagnosed 6 weeks ago. The course has been progressively worsening. There are no obvious aggravating factors. The patient has not found anything that helps or ameliorates symptoms complains of weakness more so on R side, sore and pain and pres

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 1/18/2016; There has been treatment or conservative therapy.; Back pain, radiating to chest & lower extremities, numbness; PT, NSAIDS

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3/22/2016; There has been treatment or conservative therapy.; low back pain,; home exercise, injections, and medication

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; January 2016; There has been treatment or conservative therapy.; pain, numbness, tingle down left leg, and trouble gripping with left hand; physical therapy and pain medication

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; nine years ago; There has been treatment or conservative therapy.; pain/numbness / tingling/ pain radiation down to legs and arms; PT/ OCT medications /MRI to years ago

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; failed physical therapy, shots, naproxen

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; pain

Radiology Services Denied Not Medically Necessary

&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.; ; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; 2 WEEKS AGO; There has not been any treatment or conservative therapy.; NUMBNESS

Radiology Services Denied Not Medically Necessary

&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.; 5/1/2016; There has been treatment or conservative therapy.; chronic back pain, pain in right arm, popping sound, constant sharp pain in left shoulder blade present for 3-4 mos, right shoulder pain for 5 mos.; injection in shoulder

Radiology Services Denied Not Medically Necessary

&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.; 5/5/2015; There has been treatment or conservative therapy.; neck and back pain, muscle spasms, tenderness in arms; home exercises, pain medication,

Radiology Services Denied Not Medically Necessary

&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.; about 1 year ago; There has been treatment or conservative therapy.; pain for laying for sitting for a while...; PT, Medications

Radiology Services Denied Not Medically Necessary

&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.; feb 8 2016; It is not known if there has been any treatment or conservative therapy.; Unknown

Radiology Services Denied Not Medically Necessary

&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.; unknown; It is not known if there has been any treatment or conservative therapy.; neck pain & back pain

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 04/12/2016; There has been treatment or conservative therapy.; see DX; Anti inflammatory medication. NSaids

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 3/1/16; There has been treatment or conservative therapy.; Patient is having right shoulder, arm and back pain, neck pain.; Patient has done medication, anti-inflammatory, steroids.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; back pain, weakness, muscle spasms, unable to walk and sit, unable to bend.; pain medication,

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; few years; There has been treatment or conservative therapy.; neck/back pain, pain radiates down the buttocks and posterior thigh intermittently, will alternate sides, numbness anterior thigh. Right arm numbness and pain; exercise/opioid analgesics

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; has had pain in thoracic area since September 2015; There has been treatment or conservative therapy.; numbness and loss of motion in R arm; PT, NSAIDS, narcotics, home exercises, steroids

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Nov 21, 2014; There has been treatment or conservative therapy.; Severe back pain, Radiation into buttocks and legs.; PT X2, medication,

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; since beginning of January, if not before that; There has been treatment or conservative therapy.; Pain in the right thoracolumbar junction paraspinous region for several months.&#x0D;&#x0D; lower back pain Sharp right flank pain intermittently for many months now; patient has tried and failed Celebrex, gabapentin, Flomax, diclofenac, decadron dose pak, BC powder and nabumetone

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; back pain that is currently in the lumbar and thorasic region; has had treatment with medication and has tried physical therapy in the past



Radiology Services Denied Not Medically Necessary

; This study is being ordered 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.; Describe primary symptoms here - unspecified 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.; 07/21/2014; There has been treatment or conservative therapy.; back pain that is currently in the lumbar and thoracic region; medication and physical therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/12/2016; There has not been any treatment or conservative therapy.; pt has had pain in t and L spine for a week.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 MONTHS AGO; There has been treatment or conservative therapy.; NECK/UPPER BACK PAIN WITH NUMBNESS/WEAKNESS BOTH HANDS; ANTI-INFLAMMATORY MEDICATION, PHYSICAL THERAPY, MUSCLE RELAXERS

Radiology Services Denied Not Medically Necessary

; This study is 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. one year ago approx. 4-25-2015; There has been treatment or conservative therapy.; persistent back pain in the middle to lower back without radiation with tenderness and mild pain with motion in the lumbar and thoracic region; physical therapy, nsaid therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; initial onset 06/04/16; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is 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 29, 2011; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 04/01/2016; There has been treatment or conservative therapy.; back pain and neck pain that are worse; PT and medication

Radiology Services Denied Not Medically Necessary

1.SPONDYLOSIS THORACIC SPINE AND LUMBAR 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.; 2010; There has been treatment or conservative therapy.; UPPER BACK PAIN; CHIROPACTER

Radiology Services Denied Not Medically Necessary

abnormal findings on diagnostic imaging; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; back pain that radiates down both legs.; medicine

Radiology Services Denied Not Medically Necessary

Back pain is getting worse. Patient was setting a 900lb tombstone and had to catch it before it fell on a co-worker and felt a pop.; This is a request for a thoracic 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.

Radiology Services Denied Not Medically Necessary

Cervical ROM is limited in flexion and lateral rotation. There is tenderness to palpation at cervical spinous processes and paraspinal muscles.Cervical facets: Bilateral; palpation of cervical joints at C3-4, C4-5, C5-6 and C6-7 levels reproduced typical; This study is being ordered for a neurological disorder.; 04-11-2016; There has been treatment or conservative therapy.; Arm and leg weakness, muscle cramping and burning. Sudden onset of urinary incontinence; Medication therapy, medical branch blocks,Physical therapy and Tens, massage

Radiology Services Denied Not Medically Necessary

Evaluate chest and ribs.; This study is being ordered for trauma or injury.; January 2016; There has not been any treatment or conservative therapy.; Chest and rib pain with breathing, back pain, decreased ROM.

For problem cervical radiculopathy and pain, thoracic spine radiculopathy and pain, lumbar spine radiculopathy and pain; This study is being ordered for a neurological disorder.; Unknown, first seen on 04/07/2016 with general body aches and malaise; There has been treatment or conservative therapy.; radiating pain in neck, thorax and lower back; pt was given medication, muscle relaxers and set up with pain management

Radiology Services Denied Not Medically Necessary

GI cause has been ruled out, pt still having radiating 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.; 03/30/16- Pt has back pain that radiates around the side and to the stomach. GI cause has been ruled out. CT abd and pelvis as well as colonoscopy normal.Suspect a problem with back.; It is not known if there has been any treatment or conservative therapy.; back pain that radiates around side/hip to stomach. GI cause has been ruled out.

Radiology Services Denied Not Medically Necessary

Has chronic upper back pain - between shoulder blades. Has tried chiropractors. Feels like a twisting pain. Says she does ROM exercises which hurts but says it does help. Used to give her HA but that seems better. Says its always better in the summertime.; This study is 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 ago; There has been treatment or conservative therapy.; numbness & pain; prednisone, gabapentin, muscle relaxers

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

He has problems with degenerative disc disease; also dx with sciatica and nerve damage in his lower back; he injured his lower back several years ago and has pain since then, some days worse than others; This study is being ordered for a neurological disorder.; 2000; There has been treatment or conservative therapy.; patient with history of DDD, herniated disc in 2000, therapy done, pain meds taken. The back pain is across his back and radiates to both legs, sometimes has sciatica on R, bending, standing- makes it worse; States that he has shrunk 2 inches in the last f; physical maintained therapy; pain medication

Radiology Services Denied Not Medically Necessary

Here for wellness exam. She continues dealing with chronic right side pain. This is part of reason why she had gallbladder out in 2014. Some pain improved then but issues did not resolve. She feels like her worst pain is now around the right mid back. I; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Here for wellness exam. She continues dealing with chronic right side pain. This is part of reason why she had gallbladder out in 2014. Some pain improved then but issues did not resolve. She feels like her worst pain is now around the right mid back. I; There has been treatment or conservative therapy.; Pt suffers from chronic back pain.; 5/16/2014--Pt started on cyclobenzaprine 10 mg

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.; severe back pain

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.;

Radiology Services Denied Not Medically Necessary

It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; &lt;Enter Additional Clinical Information&gt;

Radiology Services Denied Not Medically Necessary

lower back pain that has been present for a long time, but has flared up the past 2 weeks --- reports several motorcycle wrecks in the past, but specifically injured back 9 years ago after gold cart fell on it. no acute injury, fall, wreck. does work manu; This study is 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 pain has been present for a long time but has flared up the past 2 weeks. 4/27/16; It is not known if there has been any treatment or conservative therapy.; back pain. Hurts worse when not moving, laying or sitting. Aching, sharp pain, pressure and stiffness, tingling and numbness

Radiology Services Denied Not Medically Necessary

middle back giving him a lot of trouble lately, he has had problems with his discs pushing on his spinal cord.; 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.

Radiology Services Denied Not Medically Necessary

n/a; This study is being ordered for trauma or injury.; March 2016; There has been treatment or conservative therapy.; back pain, pain radiating down both legs, numbness in left leg; home physical therapy, medications

Radiology Services Denied Not Medically Necessary

NA; This study is being ordered for Inflammatory/ Infectious Disease.; NA; There has been treatment or conservative therapy.; NA; NA

Radiology Services Denied Not Medically Necessary

Nerves are being affected; This study is being ordered for a neurological disorder.; 3/23/16; There has been treatment or conservative therapy.; Lower Extremity Weakness, extreme back pain that is not relieved with medication.; Pt has tried medications to help ease the pain

Radiology Services Denied Not Medically Necessary

No Info Given; This study is being ordered for trauma or injury.; Date of initial onset was March 20,2016- per patient.; There has not been any treatment or conservative therapy.; Neck pain, upper back pain, headaches.

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.; 4/2015; There has been treatment or conservative therapy.; Pt has persistent neck and back pain. No sleeping due to the pain. aching sensations.; Home exercises, medication therapy . Injections

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.; None; It is not known if there has been any treatment or conservative therapy.; None

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for trauma or injury.; 1988; There has been treatment or conservative therapy.; Pt c/o Upper back pain radiating to L arm. Numbness in hands.; PT

Radiology Services Denied Not Medically Necessary

NS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; NA; It is not known if there has been any treatment or conservative therapy.; NA

Radiology Services Denied Not Medically Necessary

pain is worsening; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/5/2013; There has been treatment or conservative therapy.; lumbar and thoracic spine pain w/ radiculopathy; Back surgery 10yrs ago, pain meds

Radiology Services Denied Not Medically Necessary

Patient had a CT scan of cervical spine which resulted in mild degenerative changes , pronounced at C5-6 there is mild canal and bilateral foramina 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.; Friday 04/15/16; There has been treatment or conservative therapy.; severe back pain all up and down spine. patient cant lift arms or turn her neck .; patient has 9.5-10 muscle relaxer and 18-20 naproxen and pain medication of hydrocodone acetaminophen 10/325mg.

Radiology Services Denied Not Medically Necessary

patient has a history of facet disease .; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain; medication and referral to pain management

Radiology Services Denied Not Medically Necessary

Patient has an abnormal x-ray.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2015; There has not been any treatment or conservative therapy.; Patient has back pain and swelling, numbness and tingling of the lower extremities.

Radiology Services Denied Not Medically Necessary

patient has had an abnormal xray; This study is being ordered for trauma or injury.; patient fell last fall; There has been treatment or conservative therapy.; TSPINE-  
&#x0D; &#x0D; TENDER ALONG THE THE RIGHT PARASPINOUS MUSCLES&#x0D; &#x0D;  
&#x0D; ACTIVE AND PASSIVE ROM TESTED WITH TENDERNESS WITH ACIVE ROM&#x0D;  
&#x0D; &#x0D; &#x0D; LUMBAR SPINAL&#x0D; &#x0D; GAIT IS SHORTENED&#x0D;  
&#x0D; FAVORS LEFT FOOT WITH TOE AND HEEL AMBULATION&#x0D; &#x0D; POST  
LEFT LE STRAIGHT LEG RAISE WITH P; HAS SEEN CHIROPACTER FOR THIS WITHOUT  
IMPROVEMENT&#x0D; &#x0D; PT HAS HAD PROBLEM FOR 6-7 YEARS.

Radiology Services Denied Not Medically Necessary

Patient has had no response to conservative therapy and needs further evaluation.; This study is being ordered for a neurological disorder.; 04/27/16 Patient was first seen with pain and was ordered an xray and physical therapy and patient was seen back in our clinic today for followup with no improvement.; There has been treatment or conservative therapy.; Pain in the thoracic and lumbar spine with radiculopathy.; Physical therapy and rx pain meds.

Radiology Services Denied Not Medically Necessary

patient has had pain for more than a year now but has gotten worse after seeing a chiropractor on 4/13/16. Pt is now having increasing pain in neck, back and upper limbs with muscle spasms and numbness. Suspect herniated disc impinching the nerves.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/13/2016; There has not been any treatment or conservative therapy.; pain, numbness, muscle spasms

Radiology Services Denied Not Medically Necessary

Patient has had problems on and off for several months but 03-10-2016 patient came in we gave him home exercises Tylenol 3 for pain and Flexeral muscle relaxers. He seems to get a little better . Patient back in 04-08-2016 Pain is worse in his neck and T; This study is being ordered for a neurological disorder.; 03-10-2016; There has been treatment or conservative therapy.; Neck and Upper T-Spine pain Pain radiates around his right arm, Pain feel like a ice pick is poking him; Patient was given home exercises to do. He has taken Muscle relaxers and pain medicine. Also has been dieting



Radiology Services Denied Not Medically Necessary

Patient works as a stone fabricator and is currently treating symptoms with Soma 350 mg and Tylenol #4. Patient expresses concern that the medicines do not work sufficiently and he would like to evaluate additional options. Patient states "I am the bread ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/26/2014; It is not known if there has been any treatment or conservative therapy.; Radiating muscle spasms. Radiating upper back pain that started gradually and worsens with bending and lifting. Mid back pain and lower back pain chronic duration. Diffuse back tightness and soreness.

Radiology Services Denied Not Medically Necessary

Pt before OV she went to the ER thinking she had pulled a muscle but pain persists.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/3/2016; There has been treatment or conservative therapy.; Pt experiencing L and T spine Pain, abnormal xray. Mild degenerative changes.; RX and PT

Radiology Services Denied Not Medically Necessary

pt continues to have these symptoms without relief to nsaid and pain medication. Pt has not had any improvement with the therapy nor her medications at this time and pain becomes worse daily.; This study is being ordered for a neurological disorder.; prior to 5/26/2016; There has been treatment or conservative therapy.; pt has some numbness and tingling in her legs, and shoulders. she also has some decreased rom in bil hands and arms.; pt has been seeing a chiropractor and she has been recieving pt and some tens therapy and adjustments to her neck, lower and upper back.

Radiology Services Denied Not Medically Necessary

pt fell having severe pain in upper and lower back hx of herniated discs mrds not helping pain getting worse being referred to ortho doc.; This study is being ordered for trauma or injury.; 04/09/2016; There has been treatment or conservative therapy.; radiculopathy; stretches exercise medication rest

Radiology Services Denied Not Medically Necessary

PT HAD KIDNEY STONES BUT NORMAL CT NOW 04/08/2016; STILL WITH ALOT OF PAIN; This study is being ordered for a neurological disorder.; M54.5 Acute bilateral low back pain without sciatica M54.6 Acute midline thoracic back pain; History / Dx: ; Duration of Symptoms: Start: 02/26/2016 ; Physical Exam Findings: severe flank pain that radiates to groin that gets better when changing positio; There has been treatment or conservative therapy.; SEVERE FLANK PAIN,RADIATES TO GROIN; R/O:DISC PROTUSION OR PINCHED NERVES; HAD CT-NEGATIVE; OTC MEDS AND PAIN MEDS X 2MOS-FAILED TREATMENT,; SEVERE FLANK PAIN THAT RADIATES TO GROIN THAT GETS BETTER WHEN CHANGING POSITIONS AND LIFTING LEFT LEG,MI THORACIC TO LOW BACK PAIN

Pt states she has scoliosis and a bulging disk. She has had MRI and CT done at WRMC in Batesville, AR in the past. She is a new patient to us today.; 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 not seen the doctor more then once for these symptoms.

Radiology Services Denied Not Medically Necessary

pt. has failed conservative therapy. pt. is still having back pain despite negative x-rays done in office.; This study is being ordered for trauma or injury.; Pt. fell on 5-7-16; There has been treatment or conservative therapy.; ; Pt was treated on 5-10-16 with x-rays, anti-inflammatory medications and rest, muscle rub. Pt. also instructed to do cool and warm compresses to back

Radiology Services Denied Not Medically Necessary

r/o disc compression, displacement or impingement/damage to the nerve; This study is being ordered for a neurological disorder.; over a year ago; There has been treatment or conservative therapy.; Pain and paresthesia down the left leg and lower back pain; Weight loss and exercise

Radiology Services Denied Not Medically Necessary

R/O neurological problem; This study is 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.; Numbness and tingling in left leg, radiculopathy, and back pain.; Medications, chiropractic therapy

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

R/O spinal cord compression; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/13/2016; There has been treatment or conservative therapy.; Pain, dizziness, and x-ray shows spondylosis; Medications

Radiology Services Denied Not Medically Necessary

Ruled out appendicitis, ruled out kidney stones, UA was negative, on antibiotics, white blood count was elevated, toradol injection was 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.; 05/02/2016; There has been treatment or conservative therapy.; Flank pain, abdominal pain, tenderness in the abdomen right lower quadrant and upper quadrant, back pain, thoracic spine pain and thoracic radiculopathy.; CTs of abdomen and pelvis, ultrasound of gall bladder, labs done which showed white blood count elevated, antibiotics, injections.

Radiology Services Denied Not Medically Necessary

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 lower extremity weakness documented on physical exam.

Radiology Services Denied Not Medically Necessary

The patient does have 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.; Abnormal Cervical MRI showing Neoplasm involving thoracic spine, study is needed for further evaluation; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.

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.; limited range of motion due to pain and muscle spasms of the lower lumbar spine, there is moderate tenderness over the SI joints bilaterally, there are no focal point tender areas., BILATERAL MUSCLE SPASMS and knots of the paraspinous musculature with mod; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.; ongoing for 8 months that radiates down to buttocks and legs, no improvement heat or medication; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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 is having back pain. patient also has a history of scoliosis; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.; pt can not stand without pain for very long; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.

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.

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.;

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.; &lt;Enter Additional Clinical Information&gt;

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 large breasts, neck pain & bilateral shoulder pain that radiates to upper back

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.; f/u for pain

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.

Radiology Services Denied Not Medically Necessary

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 Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; pt has mid back pain that radiates down to waist, tender midline lumbar area, with limited ROM due to pain; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

Radiology Services Denied Not Medically Necessary

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; &lt;Enter Additional Clinical Information&gt;; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Radiology Services Denied Not Medically Necessary

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Radiology Services Denied Not Medically Necessary

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Back pain, numbness/tingling bilateral legs, difficulty rising from sitting position. No injury, had back pain but this is different .; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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 is having upper back pain radiating. He is having muscle tenderness on exam.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.

Radiology Services Denied Not Medically Necessary

Ultrasound and CT evaluation of the Abdomen and pelvis has been done with no abnormal findings.; This study is being ordered for a neurological disorder.; 5/18/2016; There has been treatment or conservative therapy.; Lumbar, left sided abdomen pain with radiation to hips, and legs. Weakness and difficulty walking.; Anti-inflammatories Aleve, Norco, Tramadol.

Radiology Services Denied Not Medically Necessary

unknown; 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.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/20/2016; There has not been any treatment or conservative therapy.; No control of lower extremities and loss of bladder control. Dizziness

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.; 3/1/2016; There has been treatment or conservative therapy.; chronic back pain, numbness, tingling, decrease mobility; medication, prescriptions

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

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.; Neck mid pain radiating to BIL LE and BIL UE, hands and feet burning.; Medication for Pain

Radiology Services Denied Not Medically Necessary

will fax clinical info; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2006; There has been treatment or conservative therapy.; severe neck/mid/low back pain; cervical radiculopathy r side numbness and tingling in arms and lumbar radiculopathy difficulty walking; unable to sleep; spasm; pain meds; supervised pain management

Radiology Services Denied Not Medically Necessary

Worsening factor(s) include : sitting, looking up and lying flat on back , Other associated symptoms/problems are as follows: difficulty staying asleep due to pain and numbness .; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-28-16; There has been treatment or conservative therapy.; Pain radiating to bilateral upper extremities and bilateral lower extremities. Turning head from side to side and difficulty sitting for periods of time. Trouble sleeping due to the pain; Epidural Steroid Injections, Medication Therapy and TENS.

Radiology Services Denied Not Medically Necessary

X-ray of the C-spine shows degeneration and disc space narrowing between C3-C5. This is especially true at the C4-C5 level. She has osteoarthritic findings in the neck. She has obvious severe scoliosis involving the upper thoracic spine. She has scoli; This study is being ordered for Inflammatory/ Infectious Disease.; 10/14/2014; There has been treatment or conservative therapy.; X-ray of the C-spine shows degeneration and disc space narrowing between C3-C5. This is especially true at the C4-C5 level. She has osteoarthritic findings in the neck. She has obvious severe scoliosis involving the upper thoracic spine. She has scoli; Patient has tried meloxicam and cyclobenzaprine

Radiology Services Denied Not Medically Necessary

x-ray showed old compression fracture and 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.; 1985; There has been treatment or conservative therapy.; severe pain; anti-inflammatory, muscle relaxers, physical therapy



Radiology Services Denied Not Medically Necessary  
Radiology Services Denied Not Medically Necessary

Xrays showed severe degenerative disc disease, spurring on multiple levels and 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.; 3/13/16; There has been treatment or conservative therapy.; Severe lumbar and thoracic pain. Pain bad enough to cause vasovagal reaction of nausea and dizziness.; Naproxen 500mg bid; Flexeril 10mg q 8-12hrs prn; Norco 5/325 take 1 q 4 hrs prn

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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 reflexes in right leg slightly in left leg decreased range of motion in right leg

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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.; shakiness in both legs worsening; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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.; STARTS IN LOWER BACK AND GO LATERAL DOWN 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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 bi lateral extre; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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 with mobility and decrease mobility and 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; no improvement

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; tender over the lower spine positive straight leg on right

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 1/18/2016; There has been treatment or conservative therapy.; Back pain, radiating to chest & lower extremities, numbness; PT, NSAIDS

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3/22/2016; There has been treatment or conservative therapy.; low back pain,; home exercise, injections, and medication

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 4/8/2016; There has not been any treatment or conservative therapy.; radiculopathy

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 40 years; There has been treatment or conservative therapy.; xray shows significant degeneration cervical spine, numbness, tingling in hands, radiculopathy in right leg; medications - medrol dose pack, trasodone, tramadol,

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 7/14/2015; There has been treatment or conservative therapy.; neck pain radiating into arm, paresthesia, upper extremity weakness, low back pain radiating into both legs; anti-inflammatories, physical therapy

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; January 2016; There has been treatment or conservative therapy.; pain, numbness, tingle down left leg, and trouble gripping with left hand; physical therapy and pain medication

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; Oct 31, 2014; There has been treatment or conservative therapy.; Pt has lumbago w/ sciatica, neck pain for over 3 months and scoliosis; Pt has had rest, anti inflammatory

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; failed physical therapy, shots, naproxen

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; new onset daily headache, chronic neck pain, lumbar pain with radiation down L leg; medications,

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; pain

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; pain, weak, headache, post polio

Radiology Services Denied Not Medically Necessary

&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.; ; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; 02/18/2013; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; 04/21/2011; There has been treatment or conservative therapy.; numbness and tingling in hands, weakening in grip, weakness in left leg and right arm.; medications.

Radiology Services Denied Not Medically Necessary

&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.; 05/09/2016; There has been treatment or conservative therapy.; pain; Chiropractic care no relief

Radiology Services Denied Not Medically Necessary

&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.; 1/19/2015; There has not been any treatment or conservative therapy.; BACK PAIN NECK PAIN MIGRAINES

Radiology Services Denied Not Medically Necessary

&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.; 11/2015; There has been treatment or conservative therapy.; painful hip and low back; ibuprofen

Radiology Services Denied Not Medically Necessary

&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.; 12/2015; There has been treatment or conservative therapy.; weakness, sided nerve pain, limited motion,; physical therapy, medication,

Radiology Services Denied Not Medically Necessary

&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.; 2 WEEKS AGO; There has not been any treatment or conservative therapy.; NUMBNESS

Radiology Services Denied Not Medically Necessary

&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.; 2013; There has been treatment or conservative therapy.; pain; medicine

Radiology Services Denied Not Medically Necessary

&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.; 38 YEARS AGO; There has been treatment or conservative therapy.; pain, muscle spasms;; MEDICAIONS AND PHYSICAL THEARPY,

Radiology Services Denied Not Medically Necessary

&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.; 4/19/16; There has been treatment or conservative therapy.; Numbness in feet, facial numbness. facial drop; PT

Radiology Services Denied Not Medically Necessary

&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.; 6 months ago; There has not been any treatment or conservative therapy.; neck pain shoulder pain and neck mass

Radiology Services Denied Not Medically Necessary

&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.; 7/14/2014; There has been treatment or conservative therapy.; low back pain that generates down legs; medications



Radiology Services Denied Not Medically Necessary

&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.; feb 8 2016; It is not known if there has been any treatment or conservative therapy.; Unknown

Radiology Services Denied Not Medically Necessary

&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.; Surgery in March 2015.; There has been treatment or conservative therapy.; Numbness, pain, in lower back and legs.; Steroids, no PT.

Radiology Services Denied Not Medically Necessary

&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.; will fax in all clinical; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 2012; There has not been any treatment or conservative therapy.; Pain in spinal column

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; ongoing for 12 years; There has been treatment or conservative therapy.; neck and back pain; physical therapy and medications

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; back pain, weakness, muscle spasms, unable to walk and sit, unable to bend.; pain medication,

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.; It is not known if the patient has had back pain for over 4 weeks.

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 not directed conservative treatment for the past 6 weeks.

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.

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.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Lumbar paraspinal muscle spasm B/L, mild lower L spine tenderness. Left lower extremity radiculopathy.

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.;

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.;

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.; Levoscoliosis with questionable spinabifida occulta with Pars defect . She is having low 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.; It is not known if there is x-ray evidence of a lumbar recent fracture.

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 chronic back pain with lower extremity weakness and gait disturbance that has not improved with conservative therapies.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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 numbness and tingling in left lower extremity and weakness has difficulty bearing weight.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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 has buldging disc which is causing pain down legs. THEY are weaker.; 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.

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 occasionally has pain radiating down lower limbs which causes weakness. Pt cannot do PT has insurance will not pay for it.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.; It is not know if the patient has seen the doctor more then once for these symptoms.

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.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

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.; The physician has not directed a home exercise program for at least 6 weeks.

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.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient did not feel better, felt worse. The treatment was for 8 weeks

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.; ; 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.

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.; ; 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.

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.

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.;  
MUSCULOSKELETAL: Positive for arthralgias, back pain ( recurrent; Cervical and LS regions ), joint stiffness, limb pain and myalgias. ; NEUROLOGICAL: Positive for paresthesia ( right lower extremity ).; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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 c/o pain, with numbness and tingling to bilateral lower extremities. Weakness present on left side greater than 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 not x-ray evidence of a recent lumbar fracture.

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 a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; 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; Rest, at home exercise, Ice,and Medication

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 03/01/2013; There has been treatment or conservative therapy.; Severe pain with radiculopathy and numbness; Prescription meds

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 03/08/2016; There has been treatment or conservative therapy.; numbness in her arms and legs both. at night. some tingling.; physican ordered physical therapy, 6 weeks

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 8/1/2015; There has been treatment or conservative therapy.; Right hip pain, radiates down right leg. Hard to walk and work. X rays negative for fractures.; Steroids by mouth and injections. Gabapentin, Celebrex, voltaren gel,

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Nov 21, 2014; There has been treatment or conservative therapy.; Severe back pain, Radiation into buttocks and legs.; PT X2, medication,

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; october 2015; There has been treatment or conservative therapy.; Searing pain into limbs from lower back and neck. neck pain, stiffness, tenderness, decreased range of motion. Tingling/numbness/pain down both arms. Back pain, decreased range of motion, pain down both limbs. This pain has gradually worsened a; Pt has tried home exercise, flexeril, injections, trigger point; She has had plain films done that showed changed but no fx

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; 01-01-2014; There has been treatment or conservative therapy.; low back pain and sacral pain; patient has seen specialist and had spinal injections she also has had physical therapy without relief

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; it started on 3/3/16; There has not been any treatment or conservative therapy.; she is having ongoing low back that is not getting any better.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; since beginning of January, if not before that; There has been treatment or conservative therapy.; Pain in the right thoracolumbar junction paraspinous region for several months.&#x0D;&#x0D; lower back pain Sharp right flank pain intermittently for many months now; patient has tried and failed Celebrex, gabapentin, Flomax, diclofenac, decadron dose pak, BC powder and nabumetone

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; back pain that is currently in the lumbar and thorasic region; has had treatment with medication and has tried physical therapy in the past

Radiology Services Denied Not Medically Necessary

; This study is being ordered 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.; Describe primary symptoms here - unspecified back pain

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/21/2014; There has been treatment or conservative therapy.; back pain that is currently in the lumbar and thorasic region; medication and physical therapy



Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/27/2015; There has not been any treatment or conservative therapy.; rt side groin pain; patient sent to specialist who says pain is not d/t hernia

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/12/2016; There has not been any treatment or conservative therapy.; pt has had pain in t and L spine for a week.

Radiology Services Denied Not Medically Necessary

; This study is 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. one year ago approx. 4-25-2015; There has been treatment or conservative therapy.; persistent back pain in the middle to lower back without radiation with tenderness and mild pain with motion in the lumbar and thoracic region; physical therapy, nsaid therapy

Radiology Services Denied Not Medically Necessary

; This study is 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 29, 2011; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is 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 left shoulder pain that started a couple of weeks ago. She has had an xray which showed which showed mild degenerative changes. Patient is still in alot of pain and not able to lift arm.; There has been treatment or conservative therapy.; Patient Shoulder makes a popping sound, and hurts to lift it up. She continues to have right hip, knee, and ankle pain.&#x0D; Acute left shoulder pain&#x0D; Right leg pain&#x0D; Low back pain potentially associated with radiculopathy; Patient was given a steroid shot in office and also continued on Ibuprofen for pain.

Radiology Services Denied Not Medically Necessary

; This study is 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 xray of the lumbar spine on 3-31-16. Pt has c/o of lower back pain with weakness in right leg and burning sensations in both legs. Pt. states that he has tried heat, ice and biofreeze rub w/ no relief. Pt went to JRMC last night and th; There has been treatment or conservative therapy.; Low back pain with weakness in right leg and burning sensations in both legs; Pain medications, steroid injections and oral prednisone

Radiology Services Denied Not Medically Necessary

; This study is 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 approximately 4/12/2016; There has not been any treatment or conservative therapy.; Patient has symptoms of pain in lower back that radiates with burning to right hip and thigh extending to right ankle

Radiology Services Denied Not Medically Necessary

; This study is 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 clinicals faxed; It is not known if there has been any treatment or conservative therapy.; chronic back pain, pain in right hip

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

01/15/16 Pt is here with c/o back pain.&#x0D; PT presents to clinic with c/o lower back pain. Pt was cutting down a tree, and an 80lb piece of tree slammed into his back. Pt states his lower back hurts 10/10. States he has trouble sleeping at night because ; 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.

Radiology Services Denied Not Medically Necessary

05/12/2016; Pt c/o lower back pain, requesting Soma, Pt states the Tizanidine is not working. PHQ 9 14. Pt describes pain as muscle spasms. ;  
05/17/2016; Follow up ; 06/07/2016; C/o low back pain radiating down legs, L, R, -has gone to PT x 2 weeks wit; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  
1.SPONDYLOSIS THORACIC SPINE AND LUMBAR 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.;  
2010; There has been treatment or conservative therapy.; UPPER BACK PAIN;  
CHIROPACTER

Radiology Services Denied Not Medically Necessary

13 YEAR HISTORY OF CHRONIC BACK PAIN SENSE AGE OF 18 YEARS OLD; The study 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.

Radiology Services Denied Not Medically Necessary

2 views of the lumbosacral spine. Very minimal degenerative disease of the SI joints bilateral. There is 6 mm of spondylolisthesis of L5 over S1. There is moderate S1 vertebral body endplate osteophytes and superior facet element osteophytes which appe; The study 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. BILATERAL MUSCLE SPASMS and knots of the paraspinous musculature wit; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

abnormal findings on diagnostic imaging; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; back pain that radiates down both legs.; medicine

Radiology Services Denied Not Medically Necessary

abnormal muscle skeletal exam; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

as stated this is a new onset with concerns of a stroke m.s. with lumbar stenosis; This study is being ordered for a neurological disorder.; this is a new onset as stated patient presented to my clinic on 3/1/16 and than back on 3/4/16 with the same issue but getting worse.; There has been treatment or conservative therapy.; presenting with left arm tingling pinpricks falls, right side numbness right leg down to toes also left side down to toes tingling numbness low back pains and upper neck pain. unstable gait difficulty walking dorsalalgia; lab work which includes bmp cbc tsh free t4 and a lumbar plain film labs are negative xray shows lumbar stenosis

Radiology Services Denied Not Medically Necessary

Back pain is making it difficult to walk; 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.

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

Radiology Services Denied Not Medically Necessary

Bi-lateral leg pain, Midline low back pain, with wsciatica presence unspecified; 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

Radiology Services Denied Not Medically Necessary

BILATERAL LEG PAIN. PERSISTENT.; 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.

Radiology Services Denied Not Medically Necessary

Chest- History of long term tobacco use, X-ray showed interstitial markings throughout lungs Lumbar-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.; 2014 for lumbar spine 6/1/2016 for Chest; There has been treatment or conservative therapy.; chest- no symptoms lumbar- low back pain, radiculopathy, numbness downs bilateral lower extremities with right greater than left, lumbar x-ray showing lumbar disc disease.; Lumbar-Home PT, pain specialist, NSAIDS, Steroids, Chest- no treatment as of yet.

Radiology Services Denied Not Medically Necessary

CHRONIC BACK PAIN DUE A PREVIOUS MVA. R/O NERVE IMPINGEMENT. PAIN RADIATING TO THE RIGHT HIP.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

CHRONIC BACK PAIN WITH RADICULOPATHY DOWN BOTH LEGS. PATIENT HAS BEEN HAVING BACK PAIN SINCE 12/16/2013. HAS TRIED SEVERAL MEDICATIONS SUCH AS TRAMADOL, NEUROTIN, ROBAXIN WITH NO RELIEVE.; The study 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 IN BOTH PARA LUMBAR SPINAL MUSCLES WITH RADIATION DOWN BOTH LOWER EXTREMITIES. PAINFUL TO RAISE 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.

Radiology Services Denied Not Medically Necessary

Chronic bilateral low back pain, not relieved with oral anti-inflammatories/muscle relaxant; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Chronic low/mid back pain and neck pain with radiating nerve pain down arms and 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 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.

Radiology Services Denied Not Medically Necessary

chronic pain , years of pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Chronic pain, over counter treatment; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

chronic. using brace. think pt needs MRI for the mild radiculopathy symptoms; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; chronic. using brace. think pt needs MRI for the mild radiculopathy 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 not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Complaints foot pain in both feet, legs and hips, carpal tunnel.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Diagnosis of radicular pain of lumbosacral region.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Disc degeneration L5-S1 with broad based extradural defect abutting the thecal sac and impressing the nerve roots at this level with biforaminal narrowing at the L5-S1 level as well. Combination of spur and disc bulge at this level.; 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.

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unknown; Low back pain noted. Her symptoms are worse since last visit. She states Robaxin & Norco is not helping for pain The discomfort is most prominent in the lower thoracic spine and in the mid and lower lumbar spine. 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.; There is weakness.; Document exam fin; Low back pain noted. Her symptoms are worse since last visit. She states Robaxin & Norco is not helping for pain The discomfort is most prominent in the lower thoracic spine and in the mid and lower lumbar spine. This radiates to the ; 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.

Radiology Services Denied Not Medically Necessary

Enter answer here &#x0D; back pain is worse after fall. patient fell down 1 week ago and had xrays done in ER at Northwest Springdale.; The study 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.; 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.

Radiology Services Denied Not Medically Necessary

epidural and lumbar injections, proven degenerative DZ; The study 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.; slow reflex in BIL legs

Radiology Services Denied Not Medically Necessary

er twice this weekend muscles relaxers nothing has helped; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Fever new.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/7/2016; There has been treatment or conservative therapy.; Pt c/o pain radiating down bilat arms, dull sharp, shooting pain. Aggravating by daily activity, spasm and tenderness. New problem upper back and neck radiating down R arm. Numbness, tingling in fingers with a low grade fever.; Steroid injections did not help and PT

Radiology Services Denied Not Medically Necessary

For problem cervical radiculopathy and pain, thoracic spine radiculopathy and pain, lumbar spine radiculopathy and pain; This study is being ordered for a neurological disorder.; Unknown, first seen on 04/07/2016 with general body aches and malaise; There has been treatment or conservative therapy.; radiating pain in neck, thorax and lower back; pt was given medication, muscle relaxers and set up with pain management



Radiology Services Denied Not Medically Necessary

GI cause has been ruled out, pt still having radiating 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.; 03/30/16- Pt has back pain that radiates around the side and to the stomach. GI cause has been ruled out. CT abd and pelvis as well as colonoscopy normal. Suspect a problem with back.; It is not known if there has been any treatment or conservative therapy.; back pain that radiates around side/hip to stomach. GI cause has been ruled out.

Radiology Services Denied Not Medically Necessary

Has chronic upper back pain - between shoulder blades. Has tried chiropractors. Feels like a twisting pain. Says she does ROM exercises which hurts but says it does help. Used to give her HA but that seems better. Says its always better in the summertime.; This study is 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 ago; There has been treatment or conservative therapy.; numbness & pain; prednisone, gabapentin, muscle relaxers

Radiology Services Denied Not Medically Necessary

HAVING BACK PAIN AFTER A FALL; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

He has problems with degenerative disc disease; also dx with sciatica and nerve damage in his lower back; he injured his lower back several years ago and has pain since then, some days worse than others; This study is being ordered for a neurological disorder.; 2000; There has been treatment or conservative therapy.; patient with history of DDD, herniated disc in 2000, therapy done, pain meds taken. The back pain is across his back and radiates to both legs, sometimes has sciatica on R, bending, standing- makes it worse; States that he has shrunk 2 inches in the last f; physical maintained therapy; pain medication

Radiology Services Denied Not Medically Necessary

He reports a long history of back pain which started back in 2010. He states he is always working construction, does a lot of heavy lifting and is essentially abuse his back all his life. His main complaint now is low back pain. He currently is taking gaba; 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.

Radiology Services Denied Not Medically Necessary

HE TOOK A FALL 2 WEEKS AGO AND HAD TO GO TO ER AND THEY DID CT AND SAID HE HAD SPINAL PROBLEMS AND THAT HE NEEDED AN MRI; 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.

Radiology Services Denied Not Medically Necessary

Here for wellness exam. &#x0D; She continues dealing with chronic right side pain. This is part of reason why she had gallbladder out in 2014. Some pain improved then but issues did not resolve. She feels like her worst pain is now around the right mid back. I; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Here for wellness exam. &#x0D; She continues dealing with chronic right side pain. This is part of reason why she had gallbladder out in 2014. Some pain improved then but issues did not resolve. She feels like her worst pain is now around the right mid back. I; There has been treatment or conservative therapy.; Pt suffers from chronic back pain.; 5/16/2014--Pt started on cyclobenzaprine 10 mg

Radiology Services Denied Not Medically Necessary

His back pain has worsened over the last month and has started a burning and numbness sensations in his right hip and down his 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

Radiology Services Denied Not Medically Necessary

History / Dx: &#x0D; Duration of Symptoms: Start: 04/18/2016 &#x0D; Physical Exam Findings: severe, persistently lower back Pain radiated to the left leg, pain is sharp and shooting. Hurts when sitting and walking. unrelieved by PT and epidural steroid 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 NOT had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

History of cyst removal from L4/5; worsening pain for the last "few weeks"; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

History of hemilaminectomy L4-L5 due to herniated disc 11/09/2012 &#x0D; Known Degenerative Disc Disease now with lumbar back pain with radiculopathy left 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

Radiology Services Denied Not Medically Necessary

HPI: Patient with history of neck issues, which has been doing okay actually, now has two week history of his lower back hurting after a workout in the gym. Pain does radiate down into his right leg, mostly isolated to his glute. He has been having physis; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

hx of ABN lumbar spine MRI approx. 2 yrs ago showing disc herniation with protrusion.; 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

Radiology Services Denied Not Medically Necessary

Hx of 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

Radiology Services Denied Not Medically Necessary

Left medial knee pain (M25.562), Worsening. MRI knee. Today's instructions / counseling include(s) take medications as directed, take medications as directed, RICE and RICE. Low back pain of over 3 months duration (M54.5), Worsening. counseled--try me; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; nee pain. Onset: 3 years ago. Location: left knee. The pain is aggravated by walking and standing. Associated symptoms include joint tenderness, limping, popping, weakness and grinding. Pertinent negatives include numbness, tingling in the arms and t; Patient has been seen by chiropractor, & at home physical therapy

Radiology Services Denied Not Medically Necessary

leg is numb and tingling back pain has been going on for two weeks naproxen medication and has had a steroid shot.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Leg pain increasing 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.

Radiology Services Denied Not Medically Necessary

Leg weakness; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Low back pain. naproxen 500 mg cyclobenzaprine 10 mg. chronic right lumbosacral back pain. Thinks it started when she was pregnant with her 2 year old, continues ever since then. Seems to gradually been getting worse. No radiation of the pain. She is; 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.

Radiology Services Denied Not Medically Necessary

low back pain and numbness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

Radiology Services Denied Not Medically Necessary

Low back pain details; the discomfort is most prominent in the lumbar spine. This radiates to the leg. She characterizes it as intermittent, moderate in intensity, and dull. This is a chronic problem, with essentially constant pain. She states that th; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Low back pain with bilateral leg pain; 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

Radiology Services Denied Not Medically Necessary

low back pain with neuropathy in both lower limbs; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in both lower limbs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Low back pain with radiation towards right leg with worsening of symptoms. Initial complaint on 04/21/16,pt has been prescribed hydrocodone, naproxen,prednisone and cycloenzaprine. Some pain relief with hydrocodone. No help from other meds.&#x0D; Treatment rec; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

low back pain with radiation; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Low back pain with radiculopathy bilaterally. Patient can't sit or stand for long periods due to numbness and tingling radiating down 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

Radiology Services Denied Not Medically Necessary

low back pain, MRI 5 yrs ago, spinal stenosis, burning pain radiating to front of legs;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

lower back pain . tender to palpation . negative slr &#x0D; normal dtrs on right leg decreased in left leg. &#x0D; patient has tried Mobic and flexaril which is muscle relaxer with no relief.; 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.

Radiology Services Denied Not Medically Necessary

lower back pain radiating to foot; 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.

Radiology Services Denied Not Medically Necessary

lower back pain that has been present for a long time, but has flared up the past 2 weeks --- reports several motorcycle wrecks in the past, but specifically injured back 9 years ago after gold cart fell on it. no acute injury, fall, wreck. does work manu; This study is 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 pain has been present for a long time but has flared up the past 2 weeks. 4/27/16; It is not known if there has been any treatment or conservative therapy.; back pain. Hurts worse when not moving, laying or sitting. Aching, sharp pain, pressure and stiffness, tingling and numbness

Radiology Services Denied Not Medically Necessary

lower backache, severe shooting 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 than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

Lumbosacral tenderness, with increased bending and twisting.; The study 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. ankle pain. not able to walk up stairs without assistance; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Mild to moderate degenerative disease of the lower lumbar spine at the L5-S1 level.; 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.

Radiology Services Denied Not Medically Necessary

morbid obesity, weighs over 500 pounds; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

MRI requested for further eval.; The study 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.

Radiology Services Denied Not Medically Necessary

Ms. Wootton presents with a complaint of Lumbar radiculopathy. Left leg pain from buttock to foot &#x0D; &#x0D; Low back pain details; the discomfort is most prominent in the lower, left lumbar spine and in the upper, left and lower, left sacroiliac area. This ra; The study 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.; MUSCULOSKELETAL: range of motion: decreased ROM with back flexion and extension; pain with back flexion and extension; Crepitus, Tenderness, Effusion: tenderness noted in the left lower back and left buttock.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Multiple level sclerosis of the posterior elements. Patient has history of pain and instability of the right knee that makes me concerned of ligamentous or internal derangement of the knee. The patient also complains of pain in the lumbar spine X-ray show; This study is being ordered for trauma or injury.; april 2016; There has been treatment or conservative therapy.; persistant pain and instability in the right knee. And pain in the lumbar spine; medication and steroid injection

Radiology Services Denied Not Medically Necessary

N/a; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

NA; This study is being ordered for Inflammatory/ Infectious Disease.; NA; There has been treatment or conservative therapy.; NA; NA

Radiology Services Denied Not Medically Necessary

needs MRI's to evaluate extent of degeneration of disc, and changes; This study is being ordered for a neurological disorder.; 1/15/16; There has been treatment or conservative therapy.; pain, numbness, tingling, pain into hips and legs, cant sleep; hydrocodone/acetaminophen and soma started on 1/15/16

Radiology Services Denied Not Medically Necessary

Nerves are being affected; This study is being ordered for a neurological disorder.; 3/23/16; There has been treatment or conservative therapy.; Lower Extremity Weakness, extreme back pain that is not relieved with medication.; Pt has tried medications to help ease the pain



Radiology Services Denied Not Medically Necessary

no injury or trauma patient has radiation of pain to the left thigh; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

None.; 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.

Radiology Services Denied Not Medically Necessary

none; 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 known if the patient has seen the doctor more than once for these symptoms.

Radiology Services Denied Not Medically Necessary

none; 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.; 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.

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.

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 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.

Radiology Services Denied Not Medically Necessary

None; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above

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

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.; Pt suffers with pain and leg weakness.; X rays; medication and NSAIDs

Radiology Services Denied Not Medically Necessary

Now having pain radiating down both legs, back pain and positional with sitting and lifting.; 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 directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Home exercise with stretching, and was told to try for 4 weeks and Pt. reports no help.

Radiology Services Denied Not Medically Necessary

NS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; NA; It is not known if there has been any treatment or conservative therapy.; NA

Radiology Services Denied Not Medically Necessary

numbness and weakness in both legs; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

numbness in he hands and feet; tenderness in the lumbar spine; pain radiating down the 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 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.

Radiology Services Denied Not Medically Necessary

On lower back examination patient do have spasmodic paravertebral muscle. Tender on palpation. limited range of motion restriction including flexion and extension and lateral rotation. Bilateral negative straight leg raising test. Impaired gait.; 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.

Radiology Services Denied Not Medically Necessary

pain getting worse patient not able to do normal activities; This study is being ordered for trauma or injury.; 01/09/2014; There has been treatment or conservative therapy.; back pain shoulder pain; meds exercise

Radiology Services Denied Not Medically Necessary

pain going down the left calf pt stated that it's like burning; 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.

Radiology Services Denied Not Medically Necessary

pain in back radiates into the right interior thigh; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

pain is ongoing , sever pain in the thigh calf and foot, onset of the pain 1 to 2 years ago, has seen chiropractor and is taking medication with no relief; 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.

Radiology Services Denied Not Medically Necessary

pain is worsening; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/5/2013; There has been treatment or conservative therapy.; lumbar and thoracic spine pain w/ radiculopathy; Back surgery 10yrs ago, pain meds

Radiology Services Denied Not Medically Necessary

pain level 7/10, 10/10 at worse; radiates into right thigh; sharp/stabbing pain with any movement; employment, sleeping, homemaking, and driving has become difficult; nothing relieves the pain; 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

Radiology Services Denied Not Medically Necessary

Painful and reduced LS ROM noted; 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.;

Radiology Services Denied Not Medically Necessary

Painful&#x0D; 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.; 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.

Radiology Services Denied Not Medically Necessary

Palpable mass on the right side of spine in lumbar region; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient c/o low back pain, states he has been previously diagnosed with spina bifida.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient came in with edema in feet and legs &#x0D; and has pain in the lumbar region in thoracic spine; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient complains of chronic low back pain. The discomfort is most prominent in the lumbar spine. This is a chronic problem, with essentially constant pain. He states that the current episode of pain started years ago. He does not recall any precipita; This study is being ordered for Inflammatory/ Infectious Disease.; Patient complains of chronic low back pain. The discomfort is most prominent in the lumbar spine. This is a chronic problem, with essentially constant pain. He states that the current episode of pain started years ago. He does not recall any precipita; There has not been any treatment or conservative therapy.; Patient complains of chronic low back pain. The discomfort is most prominent in the lumbar spine. This is a chronic problem, with essentially constant pain. He states that the current episode of pain started years ago. He does not recall any precipita

Radiology Services Denied Not Medically Necessary

Patient condition is worsening.; This study is being ordered for trauma or injury.; OFF AND ON FOR 3 YEARS, BUT WORSENING LATELY; There has been treatment or conservative therapy.; Chronic neck and back pain with radiation to right hip and right arm; Patient has had been treated with steroids and anti-inflammatory without improvement.

Radiology Services Denied Not Medically Necessary

Patient continues to complain of back pain after falling at home.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

patient did rec 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.; The physician has not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

Patient had a arterial Doppler , which the results were normal . Patient has been taking Nuycnta for pain with no relief.; This study is being ordered for a neurological disorder.; 2 wks ago ... May 25, 2016; There has not been any treatment or conservative therapy.; Chronic back pain , Bilateral lower extremities edema .

Radiology Services Denied Not Medically Necessary

Patient had a CT scan of cervical spine which resulted in mild degenerative changes , pronounced at C5-6 there is mild canal and bilateral foramina 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.; Friday 04/15/16; There has been treatment or conservative therapy.; severe back pain all up and down spine. patient cant lift arms or turn her neck .; patient has 9.5-10 muscle relaxer and 18-20 naproxen and pain medication of hydrocodone acetaminophen 10/325mg.

Radiology Services Denied Not Medically Necessary

patient had MRI's done in 2014 which showed narrowing and disc bulges and protrusions; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; began 2-3 years ago with herination; There has been treatment or conservative therapy.; neck and back pain; patient did six weeks of at home exercises given by doctor

Radiology Services Denied Not Medically Necessary

Patient has a history of back surgery . She was given a muscle relaxer and steroid dose pack. She finish both of the those and back pain is not any better; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

patient has a history of facet disease .; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain; medication and referral to pain management

Radiology Services Denied Not Medically Necessary

Patient has an abnormal x-ray.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2015; There has not been any treatment or conservative therapy.; Patient has back pain and swelling, numbness and tingling of the lower extremities.

Radiology Services Denied Not Medically Necessary

patient has back pain on & off for years but is getting worse. The pain goes down his rt leg & into calf. He has tried PT in past without success & they suggested he have an MRI. Xray in clinic shows 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

Radiology Services Denied Not Medically Necessary

Patient has been having low back pain for five months, gets worse with strenuous activity, not getting any better, hurting.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient has been having severe pain in her hips and legs, due to her lower back pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; 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.;

Radiology Services Denied Not Medically Necessary

Patient has been seen in the clinic twice (6/7/16 and 6/17/16). He was given prescriptions for steroid, anti-inflammatory, muscle relaxer, and pain medication. He had a normal lumbar spine x-ray. Despite the medications, he continues to have 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 than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

Patient has chronic lumbar pain with a history of degenerative discs and ruptured discs. Patient is having radiating pain 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 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.

Radiology Services Denied Not Medically Necessary

patient has extreme back pain radiating down left leg. he cannot raise his legs; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

patient has had an abnormal xray; This study is being ordered for trauma or injury.; patient fell last fall; There has been treatment or conservative therapy.; TSPINE-  
&#x0D; &#x0D; TENDER ALONG THE THE RIGHT PARASPINOUS MUSCLES&#x0D; &#x0D;  
ACTIVE AND PASSIVE ROM TESTED WITH TENDERNESS WITH ACIVE ROM&#x0D;  
&#x0D; &#x0D; &#x0D; LUMBAR SPINAL&#x0D; &#x0D; GAIT IS SHORTENED&#x0D;  
&#x0D; FAVORS LEFT FOOT WITH TOE AND HEEL AMBULATION&#x0D; &#x0D; POST  
LEFT LE STRAIGHT LEG RAISE WITH P; HAS SEEN CHIROPACTER FOR THIS WITHOUT  
IMPROVEMENT&#x0D; &#x0D; PT HAS HAD PROBLEM FOR 6-7 YEARS.



Radiology Services Denied Not Medically Necessary

Patient has had no response to conservative therapy and needs further evaluation.; This study is being ordered for a neurological disorder.; 04/27/16 Patient was first seen with pain and was ordered an xray and physical therapy and patient was seen back in our clinic today for followup with no improvement.; There has been treatment or conservative therapy.; Pain in the thoracic and lumbar spine with radiculopathy.; Physical therapy and rx pain meds.

Radiology Services Denied Not Medically Necessary

patient has ongoing chronic back pain, along with weakness, patient cannot perform daily activities; 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.; weakness in left and right legs, patient has to walk with a cane.; 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.

Radiology Services Denied Not Medically Necessary

patient has pain in lower back radiating down right leg patient can't use 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

Radiology Services Denied Not Medically Necessary

Patient has pain in lower back which radiates down the back of his 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

Radiology Services Denied Not Medically Necessary

Patient has scoliosis and lower back pain and spondylosis; 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 does NOT have acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; This procedure is being requested for None of the above

Radiology Services Denied Not Medically Necessary

Patient is a candidate for epidural steroid injections and surgery. X-rays on 04/04/2016 indicate: straightening of cervical spine and degenerative changes throughout cervical spine. Lumbar spine x-ray indicates diffuse degenerative changes, loss of disk ; This study is being ordered for a neurological disorder.; 2008; There has been treatment or conservative therapy.; Sharp stabbing pain in low back, numbness and tingling radiating down left leg. Neck and low back pain chronic duration. Worsening neck pain with head movement and moving arms. Worsening neck and low back pain with Physical Therapy.; Physical Therapy- currently enrolled and patient states she is unable to continue due to worsening pain symptoms with therapy.

Radiology Services Denied Not Medically Necessary

PATIENT IS HAVING NUMBNESS IN BILATERAL LEGS AND FEET FOR ALMOST 4 MONTHS.; 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

Radiology Services Denied Not Medically Necessary

Patient is having problems with pain in her legs. She states when she is sitting she is comfortable, but when she stands up the pain makes her knees buckle. The patient states that her cardiologist has checked the veins and arteries in her legs but states; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

patient presents with low back pain for unspecified time. pain started while pregnant. pain has not resolved since birth of child. no known treatments done.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

patient reports having numbness in legs that change positions also patients complains of neck pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

patient was seen in ER for the pain 5/14/16 &#x0D; &#x0D; pain is getting worse; This study is being ordered for trauma or injury.; 5/14/16; It is not known if there has been any treatment or conservative therapy.; neck pain and lumbar pain

Radiology Services Denied Not Medically Necessary

Patient was seen in ER on 06/22/16, in the office visit all that was evaluated was an xray of her shoulder. Patient is continuing to have pain with no relief from hydrocodone and cyclobenzaprine given in ER.; This study is being ordered for trauma or injury.; 06/21/2016; There has not been any treatment or conservative therapy.; Continued pain in neck, left arm, and left leg following MVA on 06/21/2016

Radiology Services Denied Not Medically Necessary

Patient with chronic back pain. She will be seeing pain management and they will require this imaging for her to be seen. Also, Pt pulled her back out with vomiting spells a few days ago and went to ED. Pain radiating down right leg and with any 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 not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

Patient works as a stone fabricator and is currently treating symptoms with Soma 350 mg and Tylenol #4. Patient expresses concern that the medicines do not work sufficiently and he would like to evaluate additional options. Patient states "I am the bread ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/26/2014; It is not known if there has been any treatment or conservative therapy.; Radiating muscle spasms. Radiating upper back pain that started gradually and worsens with bending and lifting. Mid back pain and lower back pain chronic duration. Diffuse back tightness and soreness.

Radiology Services Denied Not Medically Necessary

Patient; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pinched nerve; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

previous abnormal mri,; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

previous fracture; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pt appears in distress pt was given &#x0D; Patient education about back care and Home range of motion exercises&#x0D; pt says in 2015 a keg fell on his back, pt has had back pain and neck pain with no improvement with medication and home back care; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/15/2015; There has been treatment or conservative therapy.; Neck and Back pain &#x0D; Lower back pain lumbar spine painful on movement, lumbar pain on palpation, is chronic, is unrelenting, causing difficulty finding a comfortable position, and with muscle spasm.&#x0D; No right leg weakness and no left leg weakness. Tingli; pt has been given pain medication therapy with no improvement

Radiology Services Denied Not Medically Necessary

Pt before OV she went to the ER thinking she had pulled a muscle but pain persists.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/3/2016; There has been treatment or conservative therapy.; Pt experiencing L and T spine Pain, abnormal xray. Mild degenerative changes.; RX and PT

Radiology Services Denied Not Medically Necessary

Pt complains about pain radiating to bilateral hip down both legs as well as bilateral shoulders down both arms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Pt. reports initial onset about one year ago.; There has not been any treatment or conservative therapy.; Lumbar and Cervical spine pain

Radiology Services Denied Not Medically Necessary

pt continues to have these symptoms without relief to nsaids and pain medication. Pt has not had any improvement with the therapy nor her medications at this time and pain becomes worse daily.; This study is being ordered for a neurological disorder.; prior to 5/26/2016; There has been treatment or conservative therapy.; pt has some numbness and tingling in her legs, and shoulders. she also has some decreased rom in bil hands and arms.; pt has been seeing a chiropractor and she has been recieving pt and some tens therapy and adjustments to her neck, lower and upper back.

Radiology Services Denied Not Medically Necessary

Pt decrease in sensation; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  
pt fell 2 weeks ago and has had acute pain since fall, pain medication has not given any relief; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pt fell from 6 foot ladder &#x0D; pt has lumbar pain with radiculopathy,edema&#x0D; treated with nsaids with no improvement; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  
pt fell having severe pain in upper and lower back hx of herniated discs mrds not helping pain getting worse being referred to ortho doc.; This study is being ordered for trauma or injury.; 04/09/2016; There has been treatment or conservative therapy.; radiculopathy; stretches exercise medication rest

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

PT HAD KIDNEY STONES BUT NORMAL CT NOW 04/08/2016&#x0D; STILL WITH ALOT OF PAIN; This study is being ordered for a neurological disorder.; M54.5 Acute bilateral low back pain without sciatica M54.6 Acute midline thoracic back pain&#x0D; History / Dx: &#x0D; Duration of Symptoms: Start: 02/26/2016 &#x0D; Physical Exam Findings: severe flank pain that radiates to groin that gets better when changing positio; There has been treatment or conservative therapy.; SEVERE FLANK PAIN,RADIATES TO GROIN&#x0D; R/O:DISC PROTUSION OR PINCHED NERVES; HAD CT-NEGATIVE&#x0D; OTC MEDS AND PAIN MEDS X 2MOS-FAILED TREATMENT,&#x0D; SEVERE FLANK PAIN THAT RADIATES TO GROIN THAT GETS BETTER WHEN CHANGING POSITIONS AND LIFTING LEFT LEG,MI THORACIC TO LOW BACK PAIN

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Pt had nerve block done but MDO doesn't know when they were done.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

pt has been dealing with this for over a month, medication is not working, need to see if there is anything going on; This study is being ordered for trauma or injury.; 12/02/2016; There has been treatment or conservative therapy.; arthralgias/joint pain (pain to back of neck, bilateral shoulders, and lower back pain into bilateral legs), back pain; Medications like nsoids anti inflammatory pain medication and steroid dose pack  
Pt has been struggling with chronic lower back pain. &#x0D; Constant ache; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pt has had 2 previous back surgeries in the past.; 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.; Outcome is pt is still having back pain.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Pt has had a dx of low back pain and DDD for greater than 5 years. This past 3 months he has started to have sciatica or radiculopathy type pains.; 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 states his condition has worsened so that he can't feel his left leg. Having difficulty walking.;&#x0D; &#x0D; decreased sensation on left leg, patient has been referred to a neurologist for nerve conduction evaluation; 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.

Radiology Services Denied Not Medically Necessary

pt has had lower back surgery. &#x0D; pt has also had xrays and radiologists reported degenerative disc disease in L4-5.; 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.

Radiology Services Denied Not Medically Necessary

Pt has had previous back surgery and is having new onset of 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.; It is not know if the patient has seen the doctor more then once for these symptoms.

Radiology Services Denied Not Medically Necessary

Pt has pain radiating with numbness.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  
pt having radiculopathy into buttocks and into the legs and weakness in the legs numbness and tingling in the legs are feet tenderness in the lumbar sacral area; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pt is having radiculopathy and increased pain in the low back; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

PT IS UNABLE TO STAND, SIT, OR LAY IN ONE POSITION. SEVERE BACK PAIN NOTED WITH RADICULOPATHY AND LOSS OF ROM.; The study 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.; DECREASE ROM BY 75%L SIDE

Radiology Services Denied Not Medically Necessary

PT ordered previously for pt. Due to money issues, patient cannot afford to pay for 90% of PT as Ambetter only covers 10%. She would be required to pay up front and cannot afford this.; 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 directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; For acute pain, rest, intermittent application of heat (do not sleep on heating pad), analgesics and muscle relaxants are recommended. Discussed longer term treatment plan of prn NSAID's and discussed a home back care exercise program with flexion exercis

Radiology Services Denied Not Medically Necessary

Pt says her back pain is not better after nsaid's and PT; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pt suffers 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

Radiology Services Denied Not Medically Necessary

Pt suffers with numbness and tingling in right leg and foot.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above



Radiology Services Denied Not Medically Necessary

Pt. complains of pain radiating into right hip and down his right leg for the last several months. No trauma. No bowel or bladder symptoms. No treatment. His pain occurs with walking a half block. He says it takes a long time to resolve and then recurs; The study 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.; tendon reflexes symmetric.

Radiology Services Denied Not Medically Necessary

pt. has failed conservative therapy. pt. is still having back pain despite negative x-rays done in office.; This study is being ordered for trauma or injury.; Pt. fell on 5-7-16; There has been treatment or conservative therapy.; ; Pt was treated on 5-10-16 with x-rays, anti-inflammatory medications and rest, muscle rub. Pt. also instructed to do cool and warm compresses to back

Radiology Services Denied Not Medically Necessary

Pt. is c/o left lower back pain which started after he went bowling with his friends. He has a PMH of spine surgery and multiple DJD problems. Also has a bulging disc at L5-S1 area. Pt. states that he felt a knot in that area and has been hurting, today i; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

R/O degenerative disc disease.; This study is being ordered for Inflammatory/ Infectious Disease.; 5/2/2016; There has not been any treatment or conservative therapy.; Low back pain, lumbar radiculopathy, neck pain.

Radiology Services Denied Not Medically Necessary

r/o disc compression, displacement or impingement/damage to the nerve; This study is being ordered for a neurological disorder.; over a year ago; There has been treatment or conservative therapy.; Pain and paresthesia down the left leg and lower back pain; Weight loss and exercise

Radiology Services Denied Not Medically Necessary

r/o 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.; 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.

Radiology Services Denied Not Medically Necessary

r/o herniated disc; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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.

Radiology Services Denied Not Medically Necessary

R/O neurological problem; This study is 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.; Numbness and tingling in left leg, radiculopathy, and back pain.; Medications, chiropractic therapy

Radiology Services Denied Not Medically Necessary

R/O spinal cord compression; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/13/2016; There has been treatment or conservative therapy.; Pain, dizziness, and x-ray shows spondylosis; Medications

Radiology Services Denied Not Medically Necessary

Radicular pain of lumbosacral region and Cervicalgia.; This study is being ordered for a neurological disorder.; According to medical records, pt was seen on 2-3-16 with documentation complaint times one week. This would be around 1-26-16.; There has been treatment or conservative therapy.; Muscle spasms and raditing pain from low back down to right left with shocking sensation.; Pt has tried OTC medications. Has tried taking Flexeril and Diclofenac without relief. And has had steroid injections.

Radiology Services Denied Not Medically Necessary

radiculopathy and dd pain -.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Rheumatoid arthritis, Degenerative disc disease, diabetes, hypertension, history of long term back pain, obesity; 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 directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient counseled on lifestyle modification including weight loss and daily exercise. Weight management options discussed. No relief with meloxicam 7.5 and Hydrocodone-acetaminophen 10-325 mg tablet x 4 per day

Radiology Services Denied Not Medically Necessary

right lower quad pain, right growing pain, test all normal; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above

Radiology Services Denied Not Medically Necessary

Ruled out appendicitis, ruled out kidney stones, UA was negative, on antibiotics, white blood count was elevated, toridol injection was 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.; 05/02/2016; There has been treatment or conservative therapy.; Flank pain, abdominal pain, tenderness in the abdomen right lower quadrant and upper quadrant, back pain, thoracic spine pain and thoracic radiculopathy.; CTs of abdomen and pelvis, ultrasound of gall bladder, labs done which showed white blood count elevated, antibiotics, injections.

Radiology Services Denied Not Medically Necessary

Ruptured disc and back surgery about 3 years ago. Still with midline, low back pain with tingling sensation down R leg. Has difficulty bending over. Has been taking Tramadol and hydrocodone with moderate improvement.; 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.

Radiology Services Denied Not Medically Necessary

Sciatica LBP; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Secondary herniated disc; 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.; 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.

Radiology Services Denied Not Medically Necessary

see attached office note.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Seen on 4/25 for back pain for 3 weeks. Thinks strained lifting. Pain goes down left leg, past history of back pain but no surgery. 5/2 seen again still pain. Medications did not help. Pain into groin area.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

severe sudden on set pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

She also has a history of low back pain is worse with standing and walking, it does not radiate down her legs. It is been present for approximately 1 year. The following portions of the patient's history were reviewed and updated as appropriate: allergie; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

she has a history of low back pain with radiculopathy that has not improved with rest, pain medication, muscle relaxers; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above spasms in 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 year ago; There has been treatment or conservative therapy.; tension in neck and back pain; meds, home exercise

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

spasms of back muscles; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

SPINAL COMPRESSION FRACTURE T11-L5,WITH DELAYED HEALING,SUBSEQUENT ENCOUNTER.WORSENING,EVALUATE AND TREAT; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Spine is tender to touch, had Xrays were normal, and patient is having 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 not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

Steroid injections PT; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

The Pt had abnormal x-ray. DDD; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

The Pt has had injections, oral steroids, hydrocodone, PT (June 3, 2016 until...), NSAID, x-ray, and blue emu sab.; 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.

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?

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

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

Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks

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)

Radiology Services Denied Not Medically Necessary

The xray shows mild levoscoliosis degenerative changes throughout the lumbar 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 NOT had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

This is a chronic back pain that is worsening, with no improvement at all in the past year with physical therapy and medications.; The study 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.

Radiology Services Denied Not Medically Necessary

This patient is complaining of her lower back hurting and the middle of her back (shoulder blade area). Also, this patient is complaining of left leg radiculopathy. She is also going to be seeing a Neurological Surgeon soon, and he will need a MRI of her ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

This was diagnosed ~20 years ago. The course has been episodic. It is of severe intensity. He estimates that the frequency of symptoms is several times a week. He had surgery on his lower back near the L5 and it took him several years to be able to wa; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

tingling, numbness right lower extremity; The study 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

To get a better look at what is going on with patient cervical and lumbar spine that we can not get from plain films; This study is being ordered for a neurological disorder.; Patient has been complaining of pain in cervical and lumbar spine. Pt also complains of neuropathy in both legs.; There has been treatment or conservative therapy.; Pain and neuropathy; Pt was prescribed pain medication and NSAIDs. Pt was advised to rotate heat and ice as needed for pain and sore muscles. Pt experienced no relief from these medications but was unable to complete physical therapy due to work schedule. treated with insaids; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  
Ultrasound and CT evaluation of the Abdomen and pelvis has been done with no abnormal findings.; This study is being ordered for a neurological disorder.; 5/18/2016; There has been treatment or conservative therapy.; Lumbar, left sided abdomen pain with radiation to hips, and legs. Weakness and difficulty walking.; Anti-inflammatories Aleve, Norco, Tramadol.

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.; 05/02/2016; There has been treatment or conservative therapy.; chronic low back pain and blood in urine. Soft tissue stiffness, muscle spasms. Back abnormal and tenderness on palpation, showed pain elicited by motion; patient has been taking Ultram 50mg&#x0D; Acetaminophen 500mg&#x0D; Tylenol-Codeine #3

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.



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 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.; does not know

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.; 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.

Radiology Services Denied Not Medically Necessary

unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has known chronic pain due to spinal stenosis. Recently received additional trauma from improper heavy lifting and now has pain radiating 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.

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.; Radiates into both hips and down to big 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.

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.; Right leg is having pain, numbness, and 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.

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 not seen the doctor more than once for these symptoms.

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 than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

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 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.; Get gentle exercises, such as walking. Avoid too much bending, heavy lifting, reaching. In bed, try lying on your side with a pillow between your knees, when sitting, place a small pillow or rolled up towel in the curve of your back for extra support. Sta; carisprodol; hydrocodone; acetaminophen

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 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.

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

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.; She has pain in her lower back with shooting pain down the right leg. Pt reports 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.

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.

Radiology Services Denied Not Medically Necessary

unknown; 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

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

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for a neurological disorder.; 07/1/2016; There has been treatment or conservative therapy.; foot drop/ lower back pain / left hip pain really bad; pain medication/ muscle relaxer and PT

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for Congenital Anomaly.; 2 years; There has been treatment or conservative therapy.; lower back and hip pain; steroids, ns aids, physical therapy

Radiology Services Denied Not Medically Necessary

UNKNOWN; This study is being ordered for Inflammatory/ Infectious Disease.; UNKNOWN; There has been treatment or conservative therapy.; PAIN; MEDICATIONS 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.; 04/20/2016; There has not been any treatment or conservative therapy.; No control of lower extremities and loss of bladder control. Dizziness

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.; 3/1/2016; There has been treatment or conservative therapy.; chronic back pain, numbness, tingling, decrease mobility; medication, prescriptions

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

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.; Neck mid pain radiating to BIL LE and BIL UE, hands and feet burning.; Medication for Pain

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for trauma or injury.; November 10th, 2015. Patient fell off of a combine.; There has not been any treatment or conservative therapy.; extreme pain in lower back with radiculopathy of LE's.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

will fax clinical info; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2006; There has been treatment or conservative therapy.; severe neck/mid/low back pain; cervical radiculopathy r side numbness and tingling in arms and lumbar radiculopathy difficulty walking; unable to sleep; spasm; pain meds; supervised pain management

Radiology Services Denied Not Medically Necessary

Workup prior to referral to pain management; This study is 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 ago; There has been treatment or conservative therapy.; Pain in Rt Shoulder, low back, worse after she works all day; Pain management; medications

Radiology Services Denied Not Medically Necessary

Worsening back pain DDD; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above WORSENING PAIN, SHARP RADIATING TO THE LEFT THIGH DOWN TO THE FOOT; 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.

Radiology Services Denied Not Medically Necessary

x-ray showed old compression fracture and 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.; 1985; There has been treatment or conservative therapy.; severe pain; anti-inflammatory, muscle relaxers, physical therapy

Radiology Services Denied Not Medically Necessary

Xray shows disc narrowing of L4-L5.; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

xray with some disc space narrowing in the l4/l5 and l5/s1 , due to symptoms will get pt set up with mri l-spine w/o, will tx with tylenol #3 and tizanidine, moist heat and rest. watch for worsenig symptoms. return to clinica s needed. follow up after mri; 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.

Radiology Services Denied Not Medically Necessary

Xrays showed severe degenerative disc disease, spuring on multiple levels and 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.; 3/13/16; There has been treatment or conservative therapy.; Severe lumbar and thoracic pain. Pain bad enough to cause vasovagal reaction of nausea and dizziness.; Naproxen 500mg bid; Flexeril 10mg q 8-12hrs prn; Norco 5/325 take 1 q 4 hrs prn

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

Radiology Services Denied Not Medically Necessary

&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.; 05/10/2016; There has been treatment or conservative therapy.; abdominal pain, mid back pain, unexplained weight loss, abdominal tenderness, tenderness in back,; medications

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

FINDINGS: In the right inguinal region, there are lymph nodes measuring up to 1.5 cm in length and 3 mm in short axis dimension; without cortical thickening that retain their fatty hilum. With Valsalva in the inguinal canal, there is a possible hernia w; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

Radiology Services Denied Not Medically Necessary

MIDLINE SUPRAPUBIC FIRM, TENDER MASS. H/O MULTIPLE ABDOMINAL SURGERIES; 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.

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.; 02/2016; There has not been any treatment or conservative therapy.; Hip pain sciatica LBP

Radiology Services Denied Not Medically Necessary

Pain in left hip with radiation to left knee. At times hip has catching sensation. Pain is constant. Patient has taken NSAIDS without improvement.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

Radiology Services Denied Not Medically Necessary

Patient c/o of lower abd pain. Patient has a history of colitis and inguinal hernia repair; 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.

Radiology Services Denied Not Medically Necessary

PATIENT HAS HAD BUTTOCK/TAILBONE PAIN FOR MONTHS AND IT HURTS TO SIT. HAS HAD XRAY THAT WAS NORMAL.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

Radiology Services Denied Not Medically Necessary

Patient having left groin pain for 2-3 weeks. Tingling, shooting sensation. R/o hernia; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

Radiology Services Denied Not Medically Necessary

This study is being ordered due to known or suspected vascular disease.; The ordering physician is not a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; There is NOT plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.

Radiology Services Denied Not Medically Necessary

Unilateral femoral hernia. Needs further evaluation before sending to general surgeon for repair.; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.

Radiology Services Denied Not Medically Necessary

x-rays done at Urgent care date of injury. suggest CT to rule out fracture of left femoral neck; This study is being ordered for trauma or injury.; 5/1/16; There has not been any treatment or conservative therapy.; pain in left hip and into thigh

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&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.; Feb 2016; There has not been any treatment or conservative therapy.; Pt has is having pain in the hip and thigh that radiates down to the left leg, tender, difficulty ambulating

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.;



Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; 01-01-2014; There has been treatment or conservative therapy.; low back pain and sacral pain; patient has seen specialist and had spinal injections she also has had physical therapy without relief

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/27/2015; There has not been any treatment or conservative therapy.; rt side groin pain; patient sent to specialist who says pain is not d/t hernia

Radiology Services Denied Not Medically Necessary

; This study is 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 ; No Info Given ; patient having pain in groin area since march; There has been treatment or conservative therapy.;; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given ; has been treated with anti-inflammatory and pain medications

Radiology Services Denied Not Medically Necessary

bil hip pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

Evaluate sacrum for bulging disc or malignancy causing mass effect.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

low back pain and numbness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

numbness, tingling, with weakness in legs starting from the hips; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

PATIENT FELL DOWN FLIGHT OF STAIRS APPROX 4/12/16. WAS INITIALLY SEEN FOR INJURY 4/19/16 WAS OFFERED X-RAY PATIENT DECLINED. THEN AGAIN ON 4/27/16. SOFT TISSUE DISCOMFORT ON EXAM 4/27/16 OF BACK, BUTTOCK, AND GROIN.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the tail bone (coccyx).

Radiology Services Denied Not Medically Necessary

Patient has had lower back pain that radiates to the hips and has seen a Neurosurgeon since 2009. Had Steroid 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.; Patient has had bilateral hip pain for years. Patient is now having difficulty walking. Would like to have hip/pelvis MRI without contrast.; It is not known if there has been any treatment or conservative therapy.; Bilateral hip pain and difficulty walking Pt. has been found to have degenerative changes, and there is a mild dissection involving L5-S1, bulging; 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.

Radiology Services Denied Not Medically Necessary

She presents today with 9/10 pain in her lower back that she describes as a constant throbbing that radiates to both hips. She reports her pain is worse now than before surgery. She states she does not do anything strenuous around the house. She states sh; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

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.; 05/02/2016; There has been treatment or conservative therapy.; chronic low back pain and blood in urine. Soft tissue stiffness, muscle spasms. Back abnormal and tenderness on palpation, showed pain elicited by motion; patient has been taking Ultram 50mg&#x0D; Acetaminophen 500mg&#x0D; Tylenol-Codeine #3

Radiology Services Denied Not Medically Necessary

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.

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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; low ROM, Sciatica and pain radiates to lower extremities, numbness.; medications, tens unit,

Radiology Services Denied Not Medically Necessary

&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.; 15 years ago; There has been treatment or conservative therapy.; PAIN LIMITED RANGE OF MOTION ON NECK AND SHOULDER HEADACHES MUSCLE WEAKNESS MUSCLE SPASMS IN THE NECK; Medications prior imaging

Radiology Services Denied Not Medically Necessary

&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.; 5/1/2016; There has been treatment or conservative therapy.; chronic back pain, pain in right arm, popping sound, constant sharp pain in left shoulder blade present for 3-4 mos, right shoulder pain for 5 mos.; injection in shoulder

Radiology Services Denied Not Medically Necessary

&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.; 7/4/2015; There has not been any treatment or conservative therapy.; Knee- giving way , pain when walking up stairs, stiffness &#x0D; &#x0D; Shoulder - pain in left shoulder, R/O ROTATOR CUFF TEAR

Radiology Services Denied Not Medically Necessary

&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.; 7/4/2015; There has not been any treatment or conservative therapy.; Knee- pain when walking up stairs, giving way, joint stiffness&#x0D; &#x0D; shoulder- R/O Rotator cuff tear, shoulder pain

Radiology Services Denied Not Medically Necessary

&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.; neck- 4/18/16; shoulder- 2/1/16; There has not been any treatment or conservative therapy.; neck- lymph nodes are enlarged; Shoulder- myalgia, stabbing and crepitation,

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 04/25/2016; There has been treatment or conservative therapy.; neck and shoulder pain/weakness/; medications

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 4/2/2016; There has been treatment or conservative therapy.; Pain, tingling in left arm; PT, medication

Radiology Services Denied Not Medically Necessary

; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.

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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; anti inflamatories; The patient received medication other than joint injections(s) or oral analgesics.

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.

Radiology Services Denied Not Medically Necessary

; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

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.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; ; The patient received medication other than joint injections(s) or oral analgesics.

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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/17/16; There has been treatment or conservative therapy.; Persistent complaint of pain in the axilla of the right arm, radiating into the biceps and the upper forearm and lateral left elbow; inflammatory medication and home stretches

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Elbow- 1mo ago; Knee- mos ago; There has been treatment or conservative therapy.; Elbow pain x 1mo sharp and severe no improvement with steroids and PT; swelling with joint effusion; Knee pain; abnormal gait; tenderness; moderated degen changes on xray; Anti-inflammatory, Cortisone, Pain Meds and PT

Radiology Services Denied Not Medically Necessary

auto accident; This study is being ordered for trauma or injury.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; severe shoulder and ankle pain w/weakness

Dec ROM in shoulder consistent with possible rotator cuff tear or tendonitis x 6 months not responding to NSAIDS xrays in previous year and numbness and tingling in B hands and thumb tendonitis; 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.; Acetaminophen; Meloxicam; Steroid Injections; The patient received medication other than joint injections(s) or oral analgesics.

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type RIGHT WRIST PAIN SINCE APPROXIMATELY MARCH 15,2016. WAS SINCE MARCH 24,2016 AND TREATED WITH STEROIDS. RETURNS ON 04/12/2016 STILL HAVING PAIN.; 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.

Radiology Services Denied Not Medically Necessary

meds tried ; prednisone; tramadol; Norco; zanaflex; nabumetone; This study is being ordered for a neurological disorder.; 10/19/2015; There has been treatment or conservative therapy.; radiculopathy, numbness, decreased mobility, waking from sleep with pain. pain described as burning; heat, ice, massage, meds

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

NO; 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.

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.; None; It is not known if there has been any treatment or conservative therapy.; None

Radiology Services Denied Not Medically Necessary

osteopnea oostearthritis; This study is being ordered for Inflammatory/ Infectious Disease.; 3.20.16; There has been treatment or conservative therapy.; neck pain pain in shoulder numbness down arm; pain meds exercise

Radiology Services Denied Not Medically Necessary

pain getting worse patient not able to do normal activities; This study is being ordered for trauma or injury.; 01/09/2014; There has been treatment or conservative therapy.; back pain shoulder pain; meds exercise

Pain has been occurring since the incident over 15 years ago. Patient has not had any success with medications.; This study is being ordered for trauma or injury.;

04/08/2016; There has been treatment or conservative therapy.; Has a knot and has heaviness in her left shoulder and get tension headaches from it. Neck pain as well.; Medication(s): Medrol (Pak) Tablet, 4mg&#x0D; Diclofenac sodium tablet delayed release, 50mg&#x0D; MRI was performed after accident occurred 15 years ago but it came back fine.

Radiology Services Denied Not Medically Necessary

Pain worsening and associated with decreased mobility, popping and joint tenderness. ROM is severely reduced.; 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.

Radiology Services Denied Not Medically Necessary

patient has had left shoulder pain for more than 3 months, ROM severely decreased.; 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.

Radiology Services Denied Not Medically Necessary

patient is needing the test done so he can be scheduled with an orthopedic; 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.

Radiology Services Denied Not Medically Necessary

Pt has acute pain lasting longer than 3 months. pt has limited movements due to bilateral toe amputations&#x0D; pt is truly in pain and needs some relief; This study is being ordered for trauma or injury.; Pt states he fell in the winter, first encounter with complaint was 03/07/2016; There has been treatment or conservative therapy.; pt complaint of neck pain radiating to left shoulder &#x0D; no relief with medication or gentle exercise; Pt given Home Therapy easy to read Back Exercises 03/07/2016&#x0D; pt also given pain medication tramadol at this time &#x0D; no relief from symptoms

Radiology Services Denied Not Medically Necessary



Radiology Services Denied Not Medically Necessary

PT HAS FAILED AN EMPTY CAN TEST AND HAS PROBLEMS WITH LIFTING , AND ROM AND SEVERE PAIN. PT HAS HAD SOME XRAY PERFORMED BUT NOTHING REALLY MENTIONED; This study is being ordered for trauma or injury.; 4/2016; There has been treatment or conservative therapy.; DECREASED ROM, TINGLING NUMBNESS, SOME LOSS OF FUNCTION IN HIS BIL HANDS AND SEVERE SHOULDER PAIN; PT HAS HAD SOME PHYSICAL AND MEDICATION THERAPY WITH PAIN MEDS AND NSAID THERAPY AND SHOULDER INJECTION WITHOUT ANY IMPROVEMENT.

Radiology Services Denied Not Medically Necessary

Pt has L shoulder pain that is sharp and shooting and rates a 9/10 on pain scale, numbness in both hands, decreased sensations, weakness, burning pain, no injury and pain has worsened, Pt is on medications; 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.

Radiology Services Denied Not Medically Necessary

Pt suffers with right 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 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. r/o rotator cuff 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.

Radiology Services Denied Not Medically Necessary

R/O ROTATOR CUFF TEAR; 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.

Radiology Services Denied Not Medically Necessary

R/O tear= ligament, labral, rotator cuff injury. Swelling, warm to the touch; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Seen at ER with R shoulder pain. Seen at St. Bernards x2 and NEA once. They've given pt Naproxen and it doesn't work. Also given a muscle relaxer that didn't work. St. Bernards did an x-ray but pt says they didn't x-ray where it was hurting. Pain in the; 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.

Radiology Services Denied Not Medically Necessary

Severe Pain in Shoulder; This study is being ordered for Inflammatory/ Infectious Disease.; 4/27/16; There has been treatment or conservative therapy.; Severe right shoulder pain that radiates into patients neck; Injection on 5/19/16, trigger point and tendon injection. 5/25/16 Trigger point injection and then sent pt to orthopedics surgeon.

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.";

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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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 injury

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 pain

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 PATIENT HAD ACCIDENT SEVERAL WEEKS AGO, PATIENT IS HAVING SHOULDER PAIN WITH ARM PAIN AND NUMBNESS. MRI REQUESTED PRIOR TO SEEING AN ORTHOPEDIST..

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."; numbness and tingling in the left arm going on since the last year, PT done, limited range of motion, treated with steroids and inflams, xray completed this morning, injections

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."; on going for 6 or more weeks not responding to conservative treatments

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 FELL ON RT SHOULDER ON 04/29/2016 AFTER HAVING A SEIZURE. HE CONTINUES TO HAVE SHOULDER PAIN.

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt is having pain and weakness in arm and shoulder joint with radiculopathy.

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 first seen on 3/14/2016 with complaint of left shoulder pain, burning and shocking pain, could not lift arm very high, xray was done at that time, showed some slight asymmetry with early spur formation, pt was seen again on 5/18/2016 complaining of

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."; tried steroids, and anti inflammatories, Had an abnormal x-ray

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."; will fax

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."; Working out in January and felt a pop. Pain has been getting steadily worse.

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."; X-RAY recommended MRI of right shoulder possible impingement.

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.;

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.; History of Subchondral Cyst Humeral Head and Glenoid

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.; None

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient has been having left shoulder pain associated with a shoulder strain. He has osteoarthritis also.

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; patient has right shoulder internal derangement

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 is still having left shoulder pain. he has pain in the left shoulder, deltoid, and forearm that is constant with occasional numbness. He also has decreased strength in left arm noticed when lifting objects for 8 months now. during physical exam of his

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.; rotator cuff syndrome and radiculopathy and weakness in arms

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

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.; The patient has a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.

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.; Hurt L shoulder playing volleyball about a year ago. The pain is nagging and constant, but does not limit range of motion.; 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.

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.; Pt has had pain in shoulder since he was 16 years old.; 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.

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.;

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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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.; auto accident 4/5/2016

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.; grinding, pain radiates down right arm and back of neck

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.; injured shoulder in 2014, was at work and shoulder popped out and was dislocated, arms and hands are numb

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 right shoulder &#x0D; Was given Depo-Medrol 40 mg/mL suspension for injection. &#x0D; Musculoskeletal:: Ambulation: ambulating normally. Joints, Bones, and Muscles: limited ROM and tenderness (right bicep tendon, supraspinatus anteriorly and posteriorly, in

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, instability with numbness of arm and finger tips. Injury 11 days ago.

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 had pain in the shoulder for 3 months.

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 radiating pain in left shoulder, is worsening and not controlled by medication

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 RIGHT SHOULDER JOINT STIFFNESS, RIGHT SHOULDER PAIN, ARM DROP, PATIENT DROPS THINGS OUT OF HER HAND. SHE CAN NOT RAISE HER RIGHT ARM. DECREASED ROM.

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient hurt right shoulder when walking her dog and jerked her arm. She has decreased abduction to about 70 degrees. This happened about a week ago and has not gotten any better. She's taken some BC Powder for this but that's about it. She is going on va

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 c/o pain in the left shoulder and decreased range of motion since October of last year. She cannot recall any injuries to the shoulder. She has pain that radiates down the left arm. She c/o pain in the elbow and hand but has full ROM. She also c/o pain

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 R shoulder pain and B hand pain. She continues to work in commercial kitchen. She has worked for this company for 18 years lifting, pulling and doing repetitive movements. She reports her hands are numb and tingling and waking up at night. She has l

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 suffers with numbness and tingling in left hand.



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.; Since patient felt and heard the pop in her shoulder she has had limited range of motion.

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.; suspected rotator cuff tear

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.; was seen in the ER Sunday night with shoulder pain. she states that her shoulder has been hurting for some time and has gotten worse, she has trouble with ROM and getting dress due to pain, has a decreased ROM due to pain, got a steroid inj in the arm Sun

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; It is not known if the patient has had recent plain films of the shoulder.; persistent pain

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 had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.

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.;

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.; shoulder pain and decreased ROM after fall/ traumas

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The ordering physician is not an orthopedist or infectious disease specialist.; The patient has had recent plain films of the shoulder.; The plain films were normal.; patient injured shoulder while lifting heavy object, has hurt since then, x 1 month, otc meds not helping, cant sleep

Radiology Services Denied Not Medically Necessary

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

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 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.

Radiology Services Denied Not Medically Necessary

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

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.

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.

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.

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 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.

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 not directed a home exercise program for at least 6 weeks.; over the counter medication.; The patient received medication other than joint injections(s) or oral analgesics.

Radiology Services Denied Not Medically Necessary

UNKNOWN; This study is being ordered for trauma or injury.; 03/21/2016; There has been treatment or conservative therapy.; RIGHT SHOULDER PAIN, CERVICAL PAIN, SLOW PROGRESS. TENDERNESS IN THE SPINE, DECREASED RANGE OF MOTION IN THE NECK; PHYSICAL THERAPY, X-RAYS

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is 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 started having problems with his hips about 9 months ago and has continues to have pain and it is getting worse and has problems with sitting, laying down, and standing for any length of time. The patient has been given medication with not showin; There has been treatment or conservative therapy.; Patient has some limited range of motion to hips and has pain when lying on his side, can't lay every long at a time that way. Has a aching pain when sitting and standing for very long.; The patient has been given arthritis medication, along with ibuprofen for the inflammation and pain. Has also been given pain medication along with some muscle relaxers. The patient has spurring on the acetabular.

Radiology Services Denied Not Medically Necessary

Evaluating possible ruptured muscle.; 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.

Radiology Services Denied Not Medically Necessary

This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is 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.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.

Radiology Services Denied Not Medically Necessary

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient 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 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.

Radiology Services Denied Not Medically Necessary

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient 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.

Radiology Services Denied Not Medically Necessary  
Radiology Services Denied Not Medically Necessary  
Radiology Services Denied Not Medically Necessary

This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.  
Yes, this is a request for CT Angiography of the lower extremity.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; Neurontin and Percocet; The patient received medication other than joint injections(s) or oral analgesics.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&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.; 5/10/16; There has been treatment or conservative therapy.; pain; medications

Radiology Services Denied Not Medically Necessary

&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.; 7/4/2015; There has not been any treatment or conservative therapy.; Knee- giving way , pain when walking up stairs, stiffness &#x0D; &#x0D; Shoulder - pain in left shoulder, R/O ROTATOR CUFF TEAR

Radiology Services Denied Not Medically Necessary

&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.; 7/4/2015; There has not been any treatment or conservative therapy.; Knee- pain when walking up stairs, giving way, joint stiffness&#x0D; &#x0D; shoulder- R/O Rotator cuff tear, shoulder pain

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 2014; There has not been any treatment or conservative therapy.; Mbr had gun shot wound to the Ankle and fell during the incident hurting his back

Radiology Services Denied Not Medically Necessary

. PATIENT SEEN IN PROVIDER OFFICE ON 06/02/2016 FOR COMPLAINT OF PAIN AND SWELLING IN BILATERAL ANKLES AND FOOT DUE TO INJURY, BOTH ANKLES SWOLLEN, RT ANKLE SPRAIN ONE YEAR AGO AND INJURED AGAIN RECENTLY WITH ONSET OFSOME FOOT DROP AND DRAGGING WITH GAIT; This study is being ordered for trauma or injury.; MRI REQUESED DUE TO DIAGNOSIS OF INJURY, FOOT DROP, AND PAIN SWELLING; It is not known if there has been any treatment or conservative therapy.; PAIN, SWELLING, ONSET OF FOOT DROP AND DRAGGING FOOT WITH AMBULATION, INCREASE LAXITY ANKLE

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.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.



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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; 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.

Radiology Services Denied Not Medically Necessary

; This study is 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 mass on left lower leg and lower extremity pain to touch or palpation below tibial tuberosity just left of the tibia for 3 months. Reports pain 8/10 to touch and 10/10 to palpation. X-ray indicates a prominent soft tissue along the distal ante; It is not known if there has been any treatment or conservative therapy.; Left leg mass and lower extremity pain.

Radiology Services Denied Not Medically Necessary

Assessment: &#x0D; 1. DJD (degenerative joint disease) of knee - M17.9 &#x0D; 2. Bilateral knee pain - M25.561; This study is being ordered for Inflammatory/ Infectious Disease.; 01/06/2016; There has not been any treatment or conservative therapy.; pain, difficulty walking

Radiology Services Denied Not Medically Necessary

auto accident; This study is being ordered for trauma or injury.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; severe shoulder and ankle pain w/weakness

Radiology Services Denied Not Medically Necessary

BILATERAL KNEE PAIN RIGHT GREATER THAN LEFT, KNEE HAS CLICKING NOISE, PRIMARY OSTEOARTHRITIS; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; 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.

Radiology Services Denied Not Medically Necessary

CHRONIC ANKLE PAIN FOR SEVERAL MONTHS THAT WILL NOT GO AWAY. PATIENT IS BEING REFERRED TO A FOOT/ANKLE SPECIALIST; 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.

Radiology Services Denied Not Medically Necessary

CHRONIC PAIN OF KNEES.CREPITUS AND WEAKNESS WITH WALKING AND PAIN ON PALPATION MID PATELLA.MRI TO EVALUATE KNEE PAIN AND WEAKNESS.WORSENING KNEE PAIN.TENDS TO GIVE WAY WHILE WALKINGDOWN STAIRS AND PAVEMENT.X-RAYS 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.; 04/12/2015; There has been treatment or conservative therapy.; CHRONIC PAIN IN KNEES.CREPITUS ANDWEAKNESS WITH WALKING AND PAIN ON PALPATION MID PATELLA.WORSENING KNEE PAIN.TENDS TO GIVE WAY WHILE WALKING DOWN STAIRS OR WALKING DOWN UNEVEN PAVEMENT.X-RAYS NORMAL.; HOME THERAPY,TYLENOL,ALEVE continued pain, but now radiated up shin. Xray was normal in 5/2016.; 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.

Radiology Services Denied Not Medically Necessary

Evaluation of soft tissue damage; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is not a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. GAVE OUT ON THE 3RD OF THIS MONTH; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

knee pain . on medication; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

knee pain for 1 year; 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.

Radiology Services Denied Not Medically Necessary

knee pain for over 7 weeks with completing 4-6 week trial of NSAIDS with no improvement. pain with right knee internal rotation; right leg limp; radiates down right calf. MRI right knee to rule out internal derangement of 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.

Radiology Services Denied Not Medically Necessary

knee pain; 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.

Radiology Services Denied Not Medically Necessary

LEFT KNEE PAIN AND SWELLING,HAS INTERMITTENT ARTHALGIA OF KNEES,R/O: MENISCUS PROBLEMS(TEAR)ARTHRITIS PROFILE-NORMAL; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; No, the member do not experience a painful popping, snapping, or giving away of the knee.

Radiology Services Denied Not Medically Necessary

MD wants to r/o 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 directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; rest, elevation, ice and heat therapy, oral analgesics; The patient received oral analgesics.

Radiology Services Denied Not Medically Necessary

None.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for Inflammatory/ Infectious Disease.; 2/26/2016; There has been treatment or conservative therapy.; Knee pain to both knees. Inflammation to both knees; Steroid injections done to both knees. Meloxicam and Ibuprophen over the counter

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.; None; It is not known if there has been any treatment or conservative therapy.; None

Radiology Services Denied Not Medically Necessary

OTC meds and HE not Rx meds; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.

Radiology Services Denied Not Medically Necessary

Pain for one month prior to first visit on 5/12/16; MDO directed home exercise and medications from 5/12/16 to 5/27/16 with no improvement of symptoms; further evaluation; xray was 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 not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

Pain in the leg, mass in the leg; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-2 MONTHS AGO; There has not been any treatment or conservative therapy.; Pain, mass

Radiology Services Denied Not Medically Necessary

pain x 1 month. Radiates to shin. Constant, dull and sharp. Aggravated by weight bearing, inversion, eversion and plantar flexion. She has tried OTC Ibuprofen with no relief. Today's xray was negative.; 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.

Radiology Services Denied Not Medically Necessary

Patella femoral pain syndrome; 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.

Radiology Services Denied Not Medically Necessary

Patient has tried pain medicine for a week now with no relief to the area. She has been non-weight bearing for a week with no relief.; This study is being ordered for trauma or injury.; 04/20/16; There has been treatment or conservative therapy.; sprain to the right ankle and foot pain.; Norco with no relief with pain medicine and rest. She has used crutches and brace since incident.

Radiology Services Denied Not Medically Necessary

Patient injured her knee 3 years ago and never sought treatment. The pain has continued to get worse and provider would like her to have an MRI.; 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.

Radiology Services Denied Not Medically Necessary

Patient is having thyroidectomy 2nd week of July. Has been advised by ENT doctor to not take any anti-inflammatory or vitamin E before surgery.; 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.; Ibuprofen &#x0D; Voltaren 1% gel; The patient received medication other than joint injections(s) or oral analgesics.

Radiology Services Denied Not Medically Necessary

patient is obese and has had knee pain for years. she has been on meloxicam since mid 2015. she is requesting a referral to an orthopedic doctor that requires her to have an MRI prior to visit.; 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.

Radiology Services Denied Not Medically Necessary

problems walking; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

Radiology Services Denied Not Medically Necessary

Pt complaint of knee pain 04/03/2014. Complaint of hip pain with burning sensation. Numbness to right hip and knee. Medications have not helped. Knee brace with no improvement. Normal X-Ray; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/03/2015; There has been treatment or conservative therapy.; ; medication therapy, &#x0D; knee braces

Radiology Services Denied Not Medically Necessary

Pt has severe pain in leg that is unbearable and difficult to walk on. Referred to ortho. Pt had an x-ray 1-14-16 unremarkable.; 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.

Radiology Services Denied Not Medically Necessary

Pt injured knee injury 3 days ago; this is to r/o torn meniscus; 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.

Radiology Services Denied Not Medically Necessary

Pt jumped out of the bed of a truck and injured her left knee. Went to local ED and no imaging was performed. Pt currently in knee immobilizer and using crutches to ambulate. Pt has had 5 previous knee surgeries.; 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.

Radiology Services Denied Not Medically Necessary

RIGHT KNEE TENDERNESS,ROM:SEVERE PAIN W/MOTION,&#x0D; right knee pain &#x0D; Last night stepped off a step stool one step onto the right leg. She heard knee pop and then it was hurting. Her toes got a little numb when she elevated the leg. Today it hurts on the; 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.

Radiology Services Denied Not Medically Necessary

some locking and catching in the left knee. trouble sleeping because of pain, Knee tenderness, swelling painful range of motion, Internal derangement of left knee; 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.; No improvement with home treatment; Norco, and OTC aleve; The patient received medication other than joint injections(s) or oral analgesics.

Radiology Services Denied Not Medically Necessary

The Pt has instability, locking, catching. Pt has trauma 6 months ago.; 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.

Radiology Services Denied Not Medically Necessary

The Pt has history of surgery of same problem. Rule out new ACL tear, new injury. Pt has swelling, unable to bear weight, severe 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.

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

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?

Radiology Services Denied Not Medically Necessary

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

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.

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 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.



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 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.

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.

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.

Radiology Services Denied Not Medically Necessary

unknown; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.

Radiology Services Denied Not Medically Necessary

UNKNOWN; This study is being ordered for Inflammatory/ Infectious Disease.; UNKNOWN; There has been treatment or conservative therapy.; PAIN; MEDICATIONS unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/16/16; There has been treatment or conservative therapy.; pain, swelling, paresthagia, decrease frame of motion; naproxen, lab work for gout.

Radiology Services Denied Not Medically Necessary

XRAY CONCLUDED THAT LEFT KNEE HAD PATELLA SPURRING. XRAY ALSO DETERMINED OSTEOPORSIS AND DEGENERATIVE CHANGES. PT IS BEING SEEN BY AN ORTHOPEDIC AND WANTED PRIMARY CARE DR TO ORDER MRI; 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.; It is not known what type of medication the patient received.

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; pain, weak, headache, post polio

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&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.; 11/2015; There has been treatment or conservative therapy.; painful hip and low back; ibuprofen

Radiology Services Denied Not Medically Necessary

&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.; 12/2015; There has been treatment or conservative therapy.;

weakness, sided nerve pain, limited motion,; physical therapy, medication,

Radiology Services Denied Not Medically Necessary

&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.; 2013; There has been treatment or conservative therapy.; pain; medicine

Radiology Services Denied Not Medically Necessary

&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.; 5/10/16; There has been treatment or conservative therapy.; pain; medications

Radiology Services Denied Not Medically Necessary

&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.; this was on 4/14/2016; There has not been any treatment or conservative therapy.; patient is having lower back pain , and has a history of hip pain.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 8/1/2015; There has been treatment or conservative therapy.; Right hip pain, radiates down right leg. Hard to walk and work. X rays negative for fractures.; Steroids by mouth and injections. Gabapentin, Celebrex, voltaren gel,

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is 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 ; patient having pain in groin area since march; There has been treatment or conservative therapy.; ; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given ; has been treated with anti-inflammatory and pain medications

Radiology Services Denied Not Medically Necessary

; This study is 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 started having problems with his hips about 9 months ago and has continues to have pain and it is getting worse and has problems with sitting, laying down, and standing for any length of time. The patient has been given medication with not showin; There has been treatment or conservative therapy.; Patient has some limited range of motion to hips and has pain when lying on his side, can't lay every long at a time that way. Has a aching pain when sitting and standing for very long.; The patient has been given arthritis medication, along with ibuprofen for the inflammation and pain. Has also been given pain medication along with some muscle relaxers. The patient has spurring on the acetabular.

Radiology Services Denied Not Medically Necessary

; This study is 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 approxiamately 4/12/2016; There has not been any treatment or conservative therapy.; Patient has symptoms of pain in lower back that radiates with burning to right hip and thigh extending to right ankle

Radiology Services Denied Not Medically Necessary

CONTINUED FOLLOW UP; This study is being ordered for a neurological disorder.; 9/14/2014; There has been treatment or conservative therapy.; SEIZURES, HEADACHES, HIP PAIN; KEPPRA, PHYSICAL THERAPY, KENALOG, MARCAINE INJECTION, ORAL STEROID, TORADOL IM INJECTION

Radiology Services Denied Not Medically Necessary

needs MRI's to evaluate extent of degeneration of disc, and changes; This study is being ordered for a neurological disorder.; 1/15/16; There has been treatment or conservative therapy.; pain, numbness, tingling, pain into hips and legs, cant sleep; hydrocodone/acetaminophen and soma started on 1/15/16

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.; Pt suffers with pain and leg weakness.; X rays; medication and NSAIDs

Radiology Services Denied Not Medically Necessary

Patient has had lower back pain that radiates to the hips and has seen a Neurosurgeon since 2009. Had Steroid 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.; Patient has had bilateral hip pain for years. Patient is now having difficulty walking. Would like to have hip/pelvis MRI without contrast.; It is not known if there has been any treatment or conservative therapy.; Bilateral hip pain and difficulty walking

Radiology Services Denied Not Medically Necessary

Pt complaint of knee pain 04/03/2014. Complaint of hip pain with burning sensation. Numbness to right hip and knee. Medications have not helped. Knee brace with no improvement. Normal X-Ray; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/03/2015; There has been treatment or conservative therapy.; ; medication therapy, &#x0D; knee braces

Radiology Services Denied Not Medically Necessary

She presents today with 9/10 pain in her lower back that she describes as a constant throbbing that radiates to both hips. She reports her pain is worse now than before surgery. She states she does not do anything strenuous around the house. She states sh; This study is being ordered for a neurological disorder.; 02/05/2016; There has been treatment or conservative therapy.; increasing hip pain since surgery; surgery low back. increasing hip pain since surgery

Radiology Services Denied Not Medically Necessary

This is a requests for a hip MRI.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; The request is not for hip pain.

Radiology Services Denied Not Medically Necessary

This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is 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.

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for a neurological disorder.; 07/1/2016; There has been treatment or conservative therapy.; foot drop/ lower back pain / left hip pain really bad; pain medication/ muscle relaxer and PT

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for Congenital Anomaly.; 2 years; There has been treatment or conservative therapy.; lower back and hip pain; steroids, nsoids, physical therapy

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

&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.; 2/29/16; It is not known if there has been any treatment or conservative therapy.; Fatigue and dizziness. Chest pain.

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, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 2006; It is not known if there has been any treatment or conservative therapy.; c/o pain in upper abdomen, gives history of gun shot wound to abdomen 2006, now causing him a lot of pain

Radiology Services Denied Not Medically Necessary

abdomen pain, nausea and vomiting, onset 2 days. &#x0D; Urine lab was clear.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis



Radiology Services Denied Not Medically Necessary

acute abdominal pain,; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

Assessment: &#x0D; 1. Anal pruritus - L29.0 (Primary) &#x0D; 2. Hematochezia - K92.1; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis elevated liver enzymes; 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.

Radiology Services Denied Not Medically Necessary

Enlarged lymph nodes; 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.

Radiology Services Denied Not Medically Necessary

Generalized abdominal pain that pain. Radiation to left sided pain. No apparent trigger. Occurs daily, with mild intensity.; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

none; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

Pancreatic mass insolinioma; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.

Radiology Services Denied Not Medically Necessary

Patient has had RUQ pain for 4 months now with no resolve. We have done ultrasound abdomen with no abnormal finding. We would like to do a CT for further evaluation.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis patient is having right sided back pain and right sided abdominal pain. r/o liver or gallbladder disease; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Probable hiatal hernia, pt can feel something moving in chest, with discomfort and shortness of breath. Pt also complains of having a "full" feeling and not being able to take a deep breath.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

Recommend colonoscopy for the rectal bleeding as well as a CT abdomen and laboratory noted above&#x0D; It's possible he could have irritable bowel, colon polyp, less likely possibilities would be ischemic bowel which may account for why he has some symptoms wh; 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.

Radiology Services Denied Not Medically Necessary

right upper abdominal pain, Tender to palpation of the right upper quadrant. No mass or hepatomegaly or splenomegaly appreciated.&#x0D; Patient also mentions she's been having a 6-7 year history of intermittent right upper quadrant pain. She will notice that s; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

Severe abd and back pain elevated liver enzymes; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.

Radiology Services Denied Not Medically Necessary

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.

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, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month to eliminate hernia; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Other

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary  
Radiology Services Denied Not Medically Necessary  
Radiology Services Denied Not Medically Necessary  
Radiology Services Denied Not Medically Necessary

Doppler Study showed critical carotid stenosis. Considering the severity of this, Surgery is eminent in the very near future and further work up on his chest pain is needed to make sure he is stable enough for the surgery.; This study is being ordered for Vascular Disease.; presented to office 6/8/16 with lower extremity swelling, pain and weakness. Chest pain (pressure) on exertion. Carotid bruit on the left. Doppler study showed critical carotid stenosis.; There has not been any treatment or conservative therapy.; lower extremity swelling, pain, weakness and chest pain  
This is a request for CT Angiography of the Abdomen and Pelvis.  
Yes, this is a request for CT Angiography of the abdomen.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; The patient did not have a amylase or lipase lab test.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 01/2016; There has been treatment or conservative therapy.; pressure in right side of the head, visual issues, dizziness, disorientation; medications

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; feb 16 2015; There has been treatment or conservative therapy.; muscle stiffness, weakness, termer, gait slower,; medication, blood work, EMG,

Radiology Services Denied Not Medically Necessary

&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.; 05/10/2016; There has been treatment or conservative therapy.; abdominal pain, mid back pain, unexplained weight loss, abdominal tenderness, tenderness in back,; medications

Radiology Services Denied Not Medically Necessary

&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.; 05/11/2016; There has been treatment or conservative therapy.; acute R sided thoracic back pain, r flank pain, chest wall pain; steroids, meds. labs.

Radiology Services Denied Not Medically Necessary

&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.; 3/28/16; There has not been any treatment or conservative therapy.; shortness of breath, right lower quad pain, abnormal chest x-ray

Radiology Services Denied Not Medically Necessary

&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.; 9/10/2013; It is not known if there has been any treatment or conservative therapy.; hernia, cough

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.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.

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.

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.; 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.

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.

Radiology Services Denied Not Medically Necessary

; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.

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.; It is not known if a rectal exam was performed.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/04/2016; There has been treatment or conservative therapy.; PATIENT HAS A 30 POUND WEIGHT LOSS IN 6 MONTHS WITH SYNCOPE AND COLLAPSE.; PATIENT INSTRUCTED TO QUIT SMOKING. PATIENT WAS SENT TO SEE A CARDIOLOGIST.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 2006; It is not known if there has been any treatment or conservative therapy.; c/o pain in upper abdomen, gives history of gun shot wound to abdomen 2006, now causing him a lot of pain

Radiology Services Denied Not Medically Necessary

62 YRS OLD SMOKER WITH LOSS OF APPETITE AND WEIGHT LOSS; This study is being ordered for Vascular Disease.; 02/21/2016; There has not been any treatment or conservative therapy.; UNEXPLAINED WEIGHT LOSS



Radiology Services Denied Not Medically Necessary

Abd pain S/P gall bladder surgery back pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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.

Radiology Services Denied Not Medically Necessary

abdominal 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.

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 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.

Radiology Services Denied Not Medically Necessary

also is having ascites; This study is 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 being examined for cyrosis; There has been treatment or conservative therapy.; swelling and dyspnea; diarutics,xrays and echo

Radiology Services Denied Not Medically Necessary

chronic abdominal and lower back pain not improved with pain 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 female.; It is not known if a pelvic exam was performed.

Radiology Services Denied Not Medically Necessary

chronic bleeding; This is a 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.

Radiology Services Denied Not Medically Necessary

Client is having post-cholecystectomy syndrome symptoms and needs checked for stone in bile duct due to her severe symptoms; This is a 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.

Radiology Services Denied Not Medically Necessary

clinical bypassed; 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.

Radiology Services Denied Not Medically Necessary

diverticulitis, bloating, right lower quadrant 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.; It is not known if a pelvic exam was performed.

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In UHPI: &#x0D; &#x0D; Follow up of hydronephrosis. Prior work-up has included an ultrasound. &#x0D; &#x0D; Mr. Rawlings presents with a diagnosis of nonspecific (abnormal) findings on radiological and other examination of genitourinary organs. ; This is a 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.

Radiology Services Denied Not Medically Necessary

Flank and lower back pain, hematuria and kidney stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.

Radiology Services Denied Not Medically Necessary

follow up for stage 4 colon cancer and 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 not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

Generalized abdominal pain. Primarily on LUQ that radiates to the LLQ. Started a month ago. Describes it as deep and burning in nature.; This is a 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.

Radiology Services Denied Not Medically Necessary

hematuria, abdominal pain, possible kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

Location: RUQ &#x0D; Quality: pain; sharp; stabbing&#x0D; Severity: pain level 6/10 &#x0D; Duration: intermittent; started: (1 1/2 weeks) &#x0D; Onset/Timing: sudden &#x0D; Context: food &#x0D; Modifying Factors: nothing gives relief &#x0D; Associated Symptoms: no fever; no chills; no bloo; 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.

Radiology Services Denied Not Medically Necessary

looking for kidney stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

lower abdominal pain x's 2-3 weeks. Has guarding and RUQ tenderness and CVA tenderness. Had gallbladder ultrasound and KUB both within normal limits. Needs Ct for further evaluation; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

Patient is having severe pain in lower abd which is interfering with her activities of daily living; 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.

Radiology Services Denied Not Medically Necessary

Patient presents to clinic with RLQ pain x 2 days with nausea and rebound tenderness.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

Patient presents to our clinic with increased abdominal pain, splenomegaly and a history of Hep C.; This is a 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.

Radiology Services Denied Not Medically Necessary

pelvic pain per pt x2 weeks. dysuria, nausea, vomiting, pelvic pressure. patient has had a hysterectomy. bil flank 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.

Radiology Services Denied Not Medically Necessary

Pt did not have a pelvic exam due to her having abnormal vaginal bleeding which is a new onset/ Pt was last seen 2-11-2016 prior to last visit of 3-29-2016 and symptoms have worsened; This is a 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.

Radiology Services Denied Not Medically Necessary

Pt had plain films that showed air fluid levels which concerned the dr.; 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.

Radiology Services Denied Not Medically Necessary

PT has bleeding ulcers dark stools for a month getting worse. Abdominal surgery's.; 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.

Radiology Services Denied Not Medically Necessary

pt has had a hysterectomy and gallbladder removed. chronic abdominal and pelvic 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.; It is not known if a pelvic exam was performed.

Radiology Services Denied Not Medically Necessary

Pt has had persistent right upper quadrant and left lower quadrant pain with vomiting and diarrhea for 3-4 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.

Radiology Services Denied Not Medically Necessary

Pt having abdominal pain; Ultrasound showed the spleen to be atrophied.; This is a 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.

Radiology Services Denied Not Medically Necessary

Pt needs this done because of the re evaluation of the pleurisy, and also the abdominal 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.; 01/08/2008; patient has been complaining of abdominal pain and chest pain. abdominal tenderness noted as well, as well as guarding to area.; There has been treatment or conservative therapy.; Chest pain and abdominal pain, difficulty breathing at times.; He was treated for pleurisy

Radiology Services Denied Not Medically Necessary

pt. has previous C-section 1 month prior, presents with abdominal pain at cesarean 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 did not have a amylase or lipase lab test.

Radiology Services Denied Not Medically Necessary

pt. with abdominal pain for more than 6 weeks. He is noted to have 17 lb. weight loss in the last 6 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 male.; A rectal exam was not performed.

Radiology Services Denied Not Medically Necessary

RLQP; This is a 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.

Radiology Services Denied Not Medically Necessary

Severe tenderness 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 acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

Radiology Services Denied Not Medically Necessary

Small protusion above umbilicus and swelling in abdomen.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

Tender abdominal pain that has grown in severity. Patient reports in is tender to touch and abdomen is dissented.; This is a 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.

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.

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; &lt;Enter Additional clinical information &gt;

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Pain has been present since abdominal mesh was placed. Trying to rule out any infection, fluid build up or any cause to the abdominal pain

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 is having unexplained right lower quadrant pain.

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.; R/O Diverticulitis



Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Patient presents with abdominal distention and severe pain; reported 5-6 months after gallbladder removal. patient also reports bloody stools.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of 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.

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; 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.;

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.; &lt;Enter Additional Clinical Information&gt;

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.; Abd pain constipation

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 pain, change in bowel habits, bilateral paraspinal muscle spasms, and mild fever

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.; She presents with side/flank pain. ; ; HPI: ; ; Ms. KILLOUGH presents with abdominal pain, other specified site. This is located primarily in the left upper quadrant. It does not radiate. It began 6 days ago. The onset of pain occurred with no appare

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;

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; &lt;Enter Additional Clinical Information&gt;

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; 2 months of abdominal pain//vomiting and diahrea

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; 2015 had ct showed mass in abd 2.2 cm fluid build up

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; 57 yo female noted to have bilateral lower abdominal pain for 6 months. Please evaluate. Has had a partial hyst.

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 for over a month.

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 llq and mid epqigastric x several months with no relief with prescription medications.

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 bloating bleeding

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 unknown origin trying to see whats going on.

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; abnormal liver function labs in a patient with fatty liver dz

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; acute abdominal pain and pancreatic disorder

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; Bilateral abdominal tenderness

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; Caller will fax in the clinicals.

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; chronic abdominal pain, ultrasound dated 2/26/2016 negative, labs normal, moobic and naproxen, continued right lower quadrant abdominal pain

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; chronic constipation causing back pain

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 episodes of lower back pain, described as sharp. burning, stinging and throbbing, radiating to the left thigh.&#x0D; &#x0D; Left flank pain, but worst pain is lower left abdomen into the groin and anterior thigh. Pain is worsening. She has tried IM steroid

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; crohn's diseases and abdominal pain

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; diverticulitis with large intestine. abdominal pain.. patient has nausea and vomiting

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; evaluation of hernia to check extent of it suspicious growth

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; f/u hysterectomy

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; for several days not the patient has been having stomach pain, was seen in the office on 04/12/16 KUB showed patient to have constipation, instructed on how to take medication was seen again in the office on the 15 still w/ c/o stomach pain

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; Guarding and rebound, fever, adhesions of small bowel

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Has had persistent pain in this area had a normal colonoscopy. Started March 1st

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; increased liver enzymes are , fatty liver

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; Looking for diverticulitis

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; lower left quad abdominal pain/ left groin pain for 6 months no improvement

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; New diagnosed HEP C

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 abdominal pain

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 is getting worst x 1 week, had a colonoscopy and it was clear

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 got out of car a week ago and felt pulling sensation in right upper abdomen. Has had pain since then. Pain worsens with bending at waist. Pt reports she could palpate a knot in the RUQ that was painful. No erythema, no warmth, no black or bloody s

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 gas server abdominal pain bloating vomiting

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 abdominal pain and tenderness in the epigastrium &#x0D; &#x0D; dysuria&#x0D; chronic gastritis without bleeding&#x0D; &#x0D; abdominal pain has been persistent for a while, medication has helped very little as well as she has changed her diet and eating habits a

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 seen in clinic with complaints of nausea, without vomiting. This has been noted for the past two days. The frequency of episodes is several times daily. Associated symptoms include epigastric abdominal pain and diarrhea. &#x0D; &#x0D; In regard to the e

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; Periambilical pain and vomiting for past 2 days, stool is black and watery. ABN Tender to touch

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 ultrasound and pevita scan however MDO does not know cause of pain

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 ABD PAIN FOR SEVERAL WEEKS AND HER CREATININE WAS ELEVATED.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt having LUQ pain and N&V

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt is experiencing lower abdominal pain

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt is having abdominal pain, bladder spasms. painful urination. urine has slight odor. family history of endometriosis. last bowel movement was 2-3 days ago.

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 suffering with lower abdomen pain.

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 was in ER on 4/26 with R upper abd pain. Has nausea. Pain has not gotten better



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; recent CT done shows--IMPRESSION: 1. Mild bilateral nephrolithiasis. No obstructing stone identified. No evidence of hydronephrosis; 2. 1.4 x 1.0 cm hepatic cyst posterior segment right lobe of the liver; incompletely characterized; in the absence of

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

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; Unspecified ovarian cysts. Pt was referred to gynecologist who feels pt may have a hernia instead of ovarian cysts.

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

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;

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; very tender rt lower quadrant pain cant straighten right leg

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 new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor

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.; 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;

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; &lt;Enter Additional Clinical Information&gt;

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 has endometrial mass.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; &lt;Enter Additional Clinical Information&gt;

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; patient has lt hip pain with hx of fall. was seen in er for this.

Radiology Services Denied Not Medically Necessary

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.; The patient did not have a amylase or lipase lab test.

Radiology Services Denied Not Medically Necessary

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; Pt had an MRI of the Chest that showed a liver mass.

Radiology Services Denied Not Medically Necessary

; This is a request for a CT scan for evaluation of coronary calcification.

Radiology Services Denied Not Medically Necessary

10yr risk score 2.3%#x0D; Life time risk 50%; This is a request for a CT scan for evaluation of coronary calcification.

Radiology Services Denied Not Medically Necessary

patient has been having volatile blood pressure readings; This is a request for a CT scan for evaluation of coronary calcification.

Radiology Services Denied Not Medically Necessary

It is not known if examination is for myxoma,pericarditis or Bi-Ventricular pacemaker.; Yes, this examination is requested to evaluate a suspected coronary artery anomaly.; Is this a request for one of the following? Heart CT

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?; It is not known if patient has new onset congestive heart failure.; PT HAS A DX OF CAROTID STENOSIS, AND IS NEEDING TO F/U WITH AN CT; No, there is no Chronic Chest Pain.; No, this patient does not have equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).

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 prior equivocal or uninterruptible cardiac imaging .; &lt;Additional Clinical Information&gt;; No, this patient does not have equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; cough, weight loss, Vit B12 deficiency, COPD, hypertension

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the abdominal arteries.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

Pt was adopted and does not know her family history. There is no way for her to know if there is a family of history of breast cancer; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetric testing or a suspected implant rupture.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Radiology Services Denied Not Medically Necessary

&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.; 5/27/2016; There has not been any treatment or conservative therapy.; chest pain, dizziness, headache,

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).

Radiology Services Denied Not Medically Necessary

; 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).

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.

Radiology Services Denied Not Medically Necessary

; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; 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.

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

Can't give any info; 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).

Radiology Services Denied Not Medically Necessary

Cardiovascular &#x0D; Palpation: no thrill or palpable murmurs, no displacement of PMI&#x0D; Auscultation: RR WITH " S3 AND A LEFT STERNAL BORDER M&#x0D; Periph. circulation: TRACE BILATERAL EDEMA; 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).

Radiology Services Denied Not Medically Necessary

chest pain tenderness (lower sternum to palpation, 8 months of continuous chest pain. worse with exertion. negative CT scna of chest. unclear etiology,; 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).

Radiology Services Denied Not Medically Necessary

chest pain w/ diaphoresis, smokes 2 packs a day x's 13 years. Normal ekg. Needs to have stress test to r/o angina/mi/pe; 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.

Radiology Services Denied Not Medically Necessary

Chest pain, no SOB or diaphoresis, occurs at rest, EKG normal. Has HTN and 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.

Radiology Services Denied Not Medically Necessary

complaint of chest pains, nausea.; 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).

Radiology Services Denied Not Medically Necessary

dystonia and 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).



Radiology Services Denied Not Medically Necessary

ECG was normal; 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).

Radiology Services Denied Not Medically Necessary

fatigue, palpitations and syncope. awakens from sleep; 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.

Radiology Services Denied Not Medically Necessary

Fatigues easily when doing physical work, muscle weakness, strong family history of heart disease, father had first heart attack at age 44; 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).

Radiology Services Denied Not Medically Necessary

history of CAD s/p CABG. Echo 11/30/15 revealed EF 35-40% improved from echo 8/21/15 revealed EF 25-30% with moderate to severe MR. TEE 8/24/15 revealed trace MR; 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).

Radiology Services Denied Not Medically Necessary

Hypertension and elevated blood pressure, see icd 10 codes.; 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).

Radiology Services Denied Not Medically Necessary

intermittent chest pain with pains that go down L arm. Pt will wake up at in the middle of night with it.; 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.

Radiology Services Denied Not Medically Necessary

none; 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).

Radiology Services Denied Not Medically Necessary

Patient experiencing left sided chest pain intermittently for 2 months.; 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.

Radiology Services Denied Not Medically Necessary

patient has been having fatigue and dizziness; 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).

Radiology Services Denied Not Medically Necessary

Patient is having chest pain and palpitations; 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).

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

patient is having chest pain, and shortness of breath, ekg performed was normal.; 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).

Radiology Services Denied Not Medically Necessary

patient with history of coronary artery stenosis htn, cva, & stent placement with chest pains unrelated to exertion - nightly - carotid non palpable on left, 2+ right and right bruit; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.

Radiology Services Denied Not Medically Necessary

possible MI; 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).

Radiology Services Denied Not Medically Necessary

pt c/o chest pain and in left arm for 1 month. pt states pain is just above the elbow, states pain is always there but will increase in intensity. pt states pain will throb and last for days. pt states for the last few months she will have dizzy spells, h; 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).

Radiology Services Denied Not Medically Necessary

Pt has a history of CAD and is having chest pain.; 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).

Radiology Services Denied Not Medically Necessary

pt is having atypical chest pain that is worsening with negative EKG. pt has DJD of lumbar spine and is unable to walk on treadmill due to this. pt's lipids are also elevated at this 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).

Radiology Services Denied Not Medically Necessary

Pt suffering sub sternal chest pain, smoker and palpitations.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

pt. is having chest pain stated about 2 weeks ago; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Radiology Services Denied Not Medically Necessary

sent to the ER for chest pain. He had EKG, labs, and Xray and they all came back okay. It was recommended by the Cardiologist, Dr. Tutt at the ER that he have a Stress test done. He has not had one in years. He has hx of HTN.; 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).

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  
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.

Radiology Services Denied Not Medically Necessary

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).

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.

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 Breast Cancer.

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.

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.

Radiology Services Denied Not Medically Necessary

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.

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.

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.

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

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; cough, weight loss, Vit B12 deficiency, COPD, hypertension

Radiology Services Denied Not Medically Necessary

mdo request no change; xray was inconclusive; This request is for a Low Dose CT for Lung Cancer Screening (S8032); No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening (S8032).; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.

Radiology Services Denied Not Medically Necessary

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

Pt had a recent fall; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.

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."; on 4/6/16 patient tripped over something while holding a toddler/her arm went straight out during fall and ever since has experienced burning to right fingers and mobility of right shoulder affected.

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

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.



## 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

ULTRASOUND FOUND PELVIC MASS 5/17/16; PATH REPORT FOUND ENDOMETRIAL CANCER GRADE 3; PRE SURGERY TESTING.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

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.

Mass; This is a request for a Pelvis MRI.; It is not known if this is a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.

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.

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases  
This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

ULTRASOUND FOUND PELVIC MASS 5/17/16; PATH REPORT FOUND ENDOMETRIAL CANCER GRADE 3; PRE SURGERY TESTING.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

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.

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.

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.

faxing rec; This study is being ordered for a metastatic disease.; There are 2 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 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.

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.

faxing rec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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.

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."; The study is requested for headache.

; 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 study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with 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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Cervical Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Esophageal Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with history of Breast Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with malignant neoplasm of parotid gland.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Faxed records.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing rec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Faxing records.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

HODKINS LYMPHOMA RESTAGING; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

none; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

patient with known CLL Rai Stage III. Scans to evaluate response to current treatment.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

patient with known CLL Stage I. Recently presented for visit with scalp lesions concerning for metastatic disease, CT to rule out lesions.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Pt with known lung Cancer is having intermittent Headaches in the back of head and neck; 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."; The study is requested for headache.

rash on chest, F/O for restaging.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

RESTAGING LEUKEMIA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restaging lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restaging post radiation to see if treatment needs to be continued or changed; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restaging to see if treatment needs to be changed or continued; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

RESTAGING OF KNOWN RECTAL CANCER; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

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.

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."; The study is requested for headache.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.; Initial Staging of 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 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 study is being ordered for a metastatic disease.; There are 4 exams are being ordered.



; This study is being ordered for Inflammatory/ Infectious Disease.; ; 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.; ; It is not known if there has been any treatment or conservative therapy.;

Cancer has metastasized to lungs, abdominal and pelvic findings of the cancer. The cancer is considered thymicneuroendocrine tumor. Suspicious lymph nodes developing in left side posterior triangle. Findings suspicious in upper thoracic vertebrae continue ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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. HODKINS LYMPHOMA RESTAGING; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Patient is here for yearly check up of Chronic Lymphocytic Leukemia; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered. patient with known CLL Rai Stage III. Scans to evaluate response to current treatment.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

R carotid acidic cell carcinoma; This is a request for neck soft tissue CT.; It is not known if the patient has been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.

rash on chest, F/O for restaging.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restaging 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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

restaging 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.

RESTAGING LEUKEMIA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restaging lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restaging post radiation to see if treatment needs to be continued or changed; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restaging to see if treatment needs to be changed or continued; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

RESTAGING OF KNOWN RECTAL CANCER; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

to rule out early lung 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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

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.

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.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

"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

"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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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.

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.

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.

This is a request for a Face MRI.; There is a history of orbit or face trauma or injury. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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)

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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).

; This request is for a Brain MRI; The study is 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.

; 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.



; 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

1.-Headaches, nausea and vomiting; -She has h/o migraine headaches, but last one was 20 years ago; -She does not have neck stiffness; -Will order brain MRI with contrast to rule out meningeal spread vs brain mets; &; 2.-Stage IV breast cancer ER/PR positive; 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.

Evaluate patient for lung cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluate solitary pulmonary nodule prior to surgery.; 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.

Evaluation of known metastatic brain cancer; CA 27-29 is 40.9; 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.

Evaluation of patient with a Lung 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.; 3/31/16; There has not been any treatment or conservative therapy.; Evaluation of patient with a Lung Mass.

Evaluation of patient with an enlarging pulmonary nodule with history of renal cell 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.

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Melanoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Evaluation of patient with stage IV Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxed rec.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing rec.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing rec; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

faxing rec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Follow up scans for her breast ca with mets to the brain. Last scans showed changes.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Follow up scans to evaluate 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.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

follow up scans to imaging that revealed progressive disease and with mets to brain; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.  
follow up to chemo; last CT A/P showed new cystic lesion in spleen and liver lesions; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

has lung cancer and needs initial staging; 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.

hypermetabolic left chest wall lesion concerning for metastatic disease. Mass increased in size; C2 vertebral enhancing lesion; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Initial staging workup for newly diagnosed breast cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Known Stage IV SCC of the supraglottis with known bone mets. Doctor wanting MRI Brain for restaging workup to 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.

Known Stage IV small cell lung cancer presenting with acute confusion. Ruling 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.

mri showing additional masses in cerebellum; 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.

Newly diagnosed breast cancer. MRI is 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.

Newly diagnosed rectosigmoid cancer, scans for initial staging workup.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

non small cell lung cancer, initial staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

none; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

On 5/2/16 MRI brain shows decrease in size and surrounding edema of the enhancing left occipital lobe lesion, CT shows decrease in size of the left axillary lymph node and a left lower lobe pulmonary nodule, stable mediastinal, hilar, and subcarinal lymph; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

One year follow up scans for monitoring malignant neoplasm of lower quadrant of right breast with secondary malignant neoplasm 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

PATIENT HAS BEEN EXPERIENCING SEIZURES WITH INCREASED BACK PAIN. KNOWN CANCER WITH METS.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Patient is undergoing Chemo Therapy Tx and she is being restaged and to see if it has metastasized any further and to see if she is responding 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.

PATIENT LAST SCANS SHOWED WORSENING DISEASE IN NECK AND LOWER PULMONARY NODULE AS WELL AS LESIONS IN THE LIVER SIGNIFICANTLY WORSE. PATIENT CURRENTLY ON CARBOPLATIN/ABRAXANE AND DR. KOCH WANTING TO RESTAGE. LAST MRI SHOWED A NEW 2MM LESION- CONSISTENT WITH; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Patient with known small cell lung cancer with patient family noting short term memory issues and forgetfulness. Ruling out mets to brain.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Pt has Metastatic melanoma. As of 6/13/2016 Cortisol levels were down to 0.6 from 1.6 on 6/7/2016. Pt was seen in ER late 6/9/2016 and early 6/10/2016 for a seizure.; 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.

Pt receiving treatment and we are looking to make sure that this continues to be effective. The last studies were done 5/2/16.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Rule out brain mets in a new diagnosis of Lung cancer.; 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.

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.

This 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.

This 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.

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.

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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.



This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

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.

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.

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.

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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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.

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.

"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.

"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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

&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.; Dec 2015; There has been treatment or conservative therapy.; Pt has symptoms and this is a f/u of a tumor; Pt had antibiotics and left inguinal orchiectomy ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/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 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.; Initial Staging of 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.; Restaging of 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 not a hematologist/ oncologist.

; 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 study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

; This study is being ordered for Inflammatory/ Infectious Disease.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for Inflammatory/ Infectious Disease.; 01012016; There has been treatment or conservative therapy.; inflammation in lungs and fatty liver; xarelto

; This study is 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.;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;

1. Findings in the abdomen and pelvis are worrisome for early-stage carcinomatosis. If clinically indicated, one of the retroperitoneal lymph nodes could be biopsied with CT guidance. 2. Groundglass opacity in the right upper lobe of the lung could be due 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.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

3mo surveillance follow up; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

6 month follow up 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.

61 y.o. male with a hx of metastatic bladder cancer and being followed by MONC. His disease progressed on Carbo Gemzar and later Carbo Taxol. He is currently taking Keytruda. ; ; He is s/p cysto + bladder mass recession with a greenlight on 4/15/16 for 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.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.



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.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

Breast cancer; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Cancer has metastasized to lungs, abdominal and pelvic findings of the cancer. The cancer is considered thymicneuroendocrine tumor. Suspicious lymph nodes developing in left side posterior triangle. Findings suspicious in upper thoracic vertebrae continue ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Change in clinical status; 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.

Enlarging tumor in the tumor bed right sided nephrectomy. Hyperdense cyst associated with the left kidney and small calyceal calculus associated with the lower pole of the left kidney remains stable.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

eval for effectiveness of 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.

Evaluate patient with 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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluate solitary pulmonary nodule prior to surgery.; 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.

Evaluation for known 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.

Evaluation of patient with a Lung 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.; 3/31/16; There has not been any treatment or conservative therapy.; Evaluation of patient with a Lung Mass.

Evaluation of patient with an SPN.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Evaluation of patient with 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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with 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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Gastroesophageal Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with 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.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with 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.

Evaluation of patient with malignant neoplasm of ovary.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Evaluation of patient with malignant neoplasm of the bladder.; 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.

Evaluation of patient with malignant neoplasm of the right lung and intra-abd nodes.; 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.

Evaluation of patient with Melanoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Evaluation of patient with Neuroendocrine Carcinoma.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

Evaluation of patient with pulmonary disease.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/5/15; There has not been any treatment or conservative therapy.; Swelling

Evaluation of patient with pulmonary nodules.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/23/14; There has not been any treatment or conservative therapy.; Asymptomatic

Evaluation of patient with 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.

Evaluation of patient with stage IV Bladder 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.

Evaluation of pt with cervical cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

f/u to see if Tx 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

fatigue, night sweats, 18 pound weight loss, axillary fullness with tenderness; This study is being ordered for Inflammatory/ Infectious Disease.; 2008; There has not been any treatment or conservative therapy.; abdominal pain, enlarged lymph nodes, growing pain

fax rec.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing rec.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

faxing rec.; 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.

faxing rec.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

faxing rec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

faxing rec; 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.

faxing rec; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

faxing rec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing records.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

faxing records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

faxing records; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Follow up scan to evaluate disease and lung nodules.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Follow up scans for her breast ca with mets to the brain. Last scans showed changes.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Follow up scans to evaluate disease 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.



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.

Follow up scans to evaluate 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.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

follow up scans to imaging that revealed progressive disease and with mets to brain; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.  
follow up to chemo; last CT A/P showed new cystic lesion in spleen and liver lesions; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

FOLLOWUP POST CHEMO; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

For further monitoring of deteriorating condition.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

He had more symptoms following the last treatment than usual consisting of weakness and slight nausea without vomiting. He has also been more short of breath until the last few days, and that seems to have improved. He has had occasional upper abdominal d; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

HODKINS LYMPHOMA RESTAGING; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Known Stage IV gallbladder cancer. Follow up scans to evaluate disease and also pneumonia noted on previous CT 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.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Liver mass &#x0D; &#x0D; 44 y.o. WM with HCC.&#x0D; &#x0D; Clinical staging: T2(3.6cm-seg8)N0M0 - stage II&#x0D; &#x0D; Child-pugh-A&#x0D; &#x0D; AFP-pending&#x0D; &#x0D; Alcoholism&#x0D; - reportedly patient has stopped drinking as of 4/2016&#x0D; &#x0D; Hepatitis C&#x0D; - genotype 1a&#x0D; - viral load - 0.4M - 2/3/16; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

lung cancer; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

Melanoma evaluation; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

METASTATIC ANDROGEN SENSITIVE PROSTATE CA. PT HAD 6 CYCLES OF TAXOTERE. PT ASLO HAD 3 DOSES OF PROVENGE. DR WANTING 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.; Follow up treatment for cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

Monitoring patient undergoing clinical trial 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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

New 3.9 mm right upper lobe pulmonary nodule.; Stable right hilar and AP window lymph nodes.; Right external iliac lymph node slightly smaller.; Enlarging right inguinal lymph node, concerning for progression.; PET shows Hypermetabolic right external ilia; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Newly diagnosed colon cancer, CT Chest is to rule out lung mets per NCCN guidelines.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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 been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

On 5/2/16 MRI brain shows decrease in size and surrounding edema of the enhancing left occipital lobe lesion, CT shows decrease in size.; of the left axillary lymph node and a left lower lobe pulmonary nodule, stable mediastinal, hilar, and subcarinal lymph; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Pancreatic Cancer Patient has went through chemo Currently 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.

PATIENT HAS BEEN EXPERIENCING SEIZURES WITH INCREASED BACK PAIN. KNOWN CANCER WITH METS.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

PATIENT HAS METASTATIC TRIPLE NEGATIVE BREAST CANCER- SHE IS CURRENTLY ON KEYTRUDA. DR. KOCH REQUESTING RESTAGING CT SCANS AND MRI TO SEE WHERE WE ARE AND WHETHER TO PROCEED WITH KEYTRUDA OR TRADITIONAL CHEMOTHERAPY. PATIENT ALSO RECEIVING XGEVA MONTH; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Patient has received 1 cycle of chemo. Chemo on hold due to platelet count. Need restaging scans to check the cancer response to chemo.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 has rectosigmoid cancer and has completed chemotherapy on 4-14-2016. Requires CT scan of abdomen pelvis and chest with contrast to evaluate the effectiveness of the therapy.; This study is being ordered for a metastatic disease.; There are 2 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 is here for yearly check up of Chronic Lymphocytic Leukemia; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

patient with a known history of rectal cancer from May 2011. Last scans were April 2015. Yearly surveillance.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Patient with known Breast Cancer with recent PET from 01/2016 showing left lung nodule and left superior mediastinal lymph node. CT to 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.  
patient with known CLL Rai Stage III. Scans to evaluate response to current treatment.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

patient with known history of colon cancer with multiple pulmonary nodules.  
Radiologist recommended six month follow up for continued surveillance.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.  
post chemo eval; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

post chemo/xrt and surgery &#x0D; shoulder and chest pain; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

pt had recurrence of breast cancer in April of 2015 and completed six cycles of Gemzar/Abiraterone in December 2015. CT scan in January of 2016 revealed increase in prominence of the right hilum lymph node chains and prevascular lymph node chains. CT scans 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.

Pt has a h/x of rectal 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.

Pt receiving treatment and we are looking to make sure that this continues to be effective.The last studies were done 5/2/16.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

PT WITH FOLLICULAR LYMPHOMA: CT CHEST ON 8/13/15 SHOWS DEVELOPING SUBPLEURAL INTERSTITIAL CHANGES JUST ANTERIOR AND SUPERIOR TO THE PRIOR POSTOPERATIVE CHANGES ALONG THE RT LOWER LUNG. NEW ILL-DEFINIED VAGUE NODULAR DENSITY POSTERIOR SEGMENT RT UPPER LOB; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

rash on chest, F/O for restaging.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

rash; right leg calf area- present approx 5 months &#x0D; dysphagia while lying down&#x0D; shortness of breath, cough productive with clear phlegm &#x0D; Reports bilateral LE edema, feels like my heart beats fast sometimes &#x0D; diarrhea&#x0D; night sweats&#x0D; bone pain and R knee ; This study is being ordered for Inflammatory/ Infectious Disease.; Patient with History of Hep C&#x0D; Reactive results from 2/22/16; There has not been any treatment or conservative therapy.; fatigue/lethargy

Reevaluation of chemo treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

restage lymphoma after completion of chemotherapy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

restage renal cell cancer after completion of chemotherapy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

restaging 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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Restaging after 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.

restaging 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.

RESTAGING LEUKEMIA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.



restaging lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restaging post radiation to see if treatment needs to be continued or changed; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restaging to see if treatment needs to be changed or continued; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restaging; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

RESTAGING OF KNOWN RECTAL CANCER; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Scan is being requested for a restaging 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.

Scans to establish new baseline; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

She is having ABD pain and cramps, diarrhea; 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.

Stage 1 colon cancer left renal 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.

STAGE II TRIPLE NEG BREAST CA. STATUS POST BILAT MASTECTOMY FOLLOWED BY CHEMO. PT HAVING SEVERE PAIN TO RT UPPER ARM/LT LOWER EXT. PT ALSO HAVING 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 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.

STAGE IV OVARIAN CA: CT SCAN REVEALED A LIKELY LIVER METASTASIS. SHE HAD SIGNIFICANT ABDOMINAL DISEASE. CURRENTLY ON CARBO/TAXOL. DR WANTING CT SCANS TO ASSESS 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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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.

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.

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.

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.

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.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

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

We are going to evaluate her response with repeat CAT scans in about 10 days.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

will fax info; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

Will fax records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

UNKNOWN; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

RESTAGING AFTER CHEMO PRIOR TO STEM CELL TRANSPLANT.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

; This study is being ordered for a metastatic disease.; There are 2 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 study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.



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.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Patient has prostate cancer, non small cell lung cancer, and melanoma now with pain to his left side, spine, shoulder, biceps, and elbow.

PATIENT HAS METASTATIC TRIPLE NEGATIVE BREAST CANCER- SHE IS CURRENTLY ON KEYTRUDA. DR. KOCH REQUESTING RESTAGING CT SCANS AND MRI TO SEE WHERE WE ARE AND WHETHER TO PROCEED WITH KEYTRUDA OR TRADITIONAL CHEMOTHERAPY. PATIENT ALSO RECEIVING XGEVA MONTH; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

RESTAGING AFTER CHEMO PRIOR TO STEM CELL TRANSPLANT; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.  
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

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

It is not known if the study is for follow up or staging.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.

PATIENT HAS METASTATIC TRIPLE NEGATIVE BREAST CANCER- SHE IS CURRENTLY ON KEYTRUDA. DR. KOCH REQUESTING RESTAGING CT SCANS AND MRI TO SEE WHERE WE ARE AND WHETHER TO PROCEED WITH KEYTRUDA OR TRADITIONAL CHEMOTHERAPY. PATIENT ALSO RECIEVING XGEVA MONTH; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

referring physician scheduled a a pet ct that showed spine metastases. need a pre op mri of Lumbar and Thoracic spine so treatment can get 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.

RESTAGING AFTER CHEMO PRIOR TO STEM CELL TRANSPLANT; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

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.; Patient c/o right sided "achy" pain in arm and side

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.; DCIS (ductal carcinoma in situ) of breast; DCIS (ER, PR +ve, HER 2 negative) S/p Bilateral skin sparing mastectomy comes for follow-up. She had a CT with a sclerotic focus at T5. MRI showed enostosis of T5 but no evidence of tumor activity. ; She presen

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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.

Upper lung emphysematous change.&#x0D; Progressive patchy density in the left mid and posterior mid to lower&#x0D; lung could be areas of infiltrate. Neoplastic involvement not&#x0D; excluded. Right anterior chest wall sebaceous cyst. No definite rib&#x0D; fracture but does ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

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; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

He is having trouble sleeping. Pt takes medication but is unresponsive to 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.; It is not known if the patient has had back pain for over 4 weeks.

new complaints of low back pain, imaging recommended to r/o compression; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

PATIENT HAS BEEN EXPERIENCING SEIZURES WITH INCREASED BACK PAIN. KNOWN CANCER WITH METS.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

patient has known Stage IIIA breast 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.; Do not know initial onset, but she did present with similar complaints during her 03/2016 office visit; There has been treatment or conservative therapy.; Lower back pain and right hip pain.; She has been getting physical therapy since about the end of 05/2016.

PATIENT HAS METASTATIC TRIPLE NEGATIVE BREAST CANCER- SHE IS CURRENTLY ON KEYTRUDA. DR. KOCH REQUESTING RESTAGING CT SCANS AND MRI TO SEE WHERE WE ARE AND WHETHER TO PROCEED WITH KEYTRUDA OR TRADITIONAL CHEMOTHERAPY. PATIENT ALSO RECEIVING XGEVA MONTH; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

referring physician scheduled a a pet ct that showed spine metastases. need a pre op mri of Lumbar and Thoracic spine so treatment can get 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.

RESTAGING AFTER CHEMO PRIOR TO STEM CELL TRANSPLANT; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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

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

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

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

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This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Upper lung emphysematous change.; Progressive patchy density in the left mid and posterior mid to lower.; lung could be areas of infiltrate. Neoplastic involvement not.; excluded. Right anterior chest wall sebaceous cyst. No definite rib.; fracture but does ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

Pain, rectal tear and abscess; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

Neuropathy in hands and feet decreased concentration; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

RESTAGING AFTER CHEMO PRIOR TO STEM CELL TRANSPLANT.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or 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 not 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.; Initial Staging of Cancer; Imaging studies have not 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.; Restaging of Cancer; Imaging studies have not 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 not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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.

RESTAGING AFTER CHEMO PRIOR TO STEM CELL TRANSPLANT; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

RESTAGING MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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.

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.

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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

will fax info; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 month follow up 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.

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

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking

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.

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

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 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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; faxing rec; There has been treatment or conservative therapy.; ; faxing rec

patient has known Stage IIIA breast 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.; Do not know initial onset, but she did present with similar complaints during her 03/2016 office visit; There has been treatment or conservative therapy.; Lower back pain and right hip pain.; She has been getting physical therapy since about the end of 05/2016. 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.

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 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

NASH; 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.

Pancreatic Cancer Patient has went through chemo Currently 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.

Patient has elevated LFT .; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

PATIENT HAS METASTATIC TRIPLE NEGATIVE BREAST CANCER- SHE IS CURRENTLY ON KEYTRUDA. DR. KOCH REQUESTING RESTAGING CT SCANS AND MRI TO SEE WHERE WE ARE AND WHETHER TO PROCEED WITH KEYTRUDA OR TRADITIONAL CHEMOTHERAPY. PATIENT ALSO RECIEVING XGEVA MONTH; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

restage renal cell cancer after completion of chemotherapy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Restaging after 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.

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.

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.

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.

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.

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.

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. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

&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.; Dec 2015; There has been treatment or conservative therapy.; Pt has symptoms and this is a f/u of a tumor; Pt had antibiotics and left inguinal orchiectomy

; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient had a prior Abdomen/Pelvis 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.

; This is a 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.

; This study is being ordered for a metastatic disease.; There are 2 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.; Restaging of 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 not a hematologist/oncologist.

; 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 study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

; This study is being ordered for Inflammatory/ Infectious Disease.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for Inflammatory/ Infectious Disease.; 01012016; There has been treatment or conservative therapy.; inflammation in lungs and fatty liver; xarelto

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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.; ; Describe treatment / IRON conservative therapy here - or Type In Unknown If No Info Given

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; faxing rec; There has been treatment or conservative therapy.; ; faxing rec

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ;

1. Findings in the abdomen and pelvis are worrisome for early carcinomatosis. If clinically indicated, one of the retroperitoneal lymph nodes could be biopsied with CT guidance.; 2. Groundglass opacity in the right upper lobe of the lung could be due 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.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

3mo surveillance follow up; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

61 y.o. male with a hx of metastatic bladder cancer and being followed by MONC. His disease progressed on Carbo Gemzar and later Carbo Taxol. He is currently taking Keytruda. &#x0D; &#x0D; He is s/p cysto + bladder mass recession with a greenlight on 4/15/16 for 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.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Cancer has metastasized to lungs, abdominal and pelvic findings of the cancer. The cancer is considered thymicneuroendocrine tumor. Suspicious lymph nodes developing in left side posterior triangle. Findings suspicious in upper thoracic vertebrae continue ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Change in clinical status; 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.

Enlarging tumor in the tumor bed right sided nephrectomy. Hyperdense cyst associated with the left kidney and small calyceal calculus associated with the lower pole of the left kidney remains stable.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

eval for effectiveness of 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.

Evaluate patient with 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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation for known 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.

Evaluation of patient with 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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with 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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Gastroesophageal Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with 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.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with malignant neoplasm of ovary.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Evaluation of patient with malignant neoplasm of the bladder.; 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.

Evaluation of patient with malignant neoplasm of the right lung and intra-abd nodes.; 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.

Evaluation of patient with Melanoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Evaluation of patient with Neuroendocrine Carcinoma.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

Evaluation of patient with pulmonary disease.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/5/15; There has not been any treatment or conservative therapy.; Swelling

Evaluation of patient with stage IV Bladder 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.

Evaluation of pt with cervical cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

f/u to see if Tx 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

fatigue, night sweats, 18 pound weight loss, axillary fullness with tenderness; This study is being ordered for Inflammatory/ Infectious Disease.; 2008; There has not been any treatment or conservative therapy.; abdominal pain, enlarged lymph nodes, growing pain

faxing rec.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

faxing rec.; 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.

faxing rec; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

faxing rec; 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.

faxing rec; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

faxing rec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Faxing records.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing records.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

faxing records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing records; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.



faxing records; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Follow up scans for her breast ca with mets to the brain. Last scans showed changes.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Follow up scans to evaluate disease 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.

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.

Follow up scans to evaluate 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.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

follow up scans to imaging that revealed progressive disease and with mets to brain; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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. follow up to chemo&#x0D; last CT A/P showed new cystic lesion in spleen and liver lesions; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

FOLLOWUP POST CHEMO; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

For further monitoring of deteriorating condition.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

He had more symptoms following the last treatment than usual consisting of weakness and slight nausea without vomiting. He has also been more short of breath until the last few days, and that seems to have improved. He has had occasional upper abdominal d; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

HODKINS LYMPHOMA RESTAGING; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Known Stage IV gallbladder cancer. Follow up scans to evaluate disease and also pneumonia noted on previous CT 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.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Melanoma evaluation; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

METASTIC ANDROGEN SENSITIVE PROSTATE CA. PT HAD 6 CYCLES OF TAXOTERE. PT ASLO HAD 3 DOSES OF PROVENGE. DR WANTING 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.; Follow up treatment for cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

Monitoring patient undergoing clinical trial 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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

New 3.9 mm right upper lobe pulmonary nodule. Stable right hilar and AP window lymph nodes. Right external iliac lymph node slightly smaller. Enlarging right inguinal lymph node, concerning for progression. PET shows Hypermetabolic right external ilia; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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 been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

On 5/2/16 MRI brain shows decrease in size and surrounding edema of the enhancing left occipital lobe lesion, CT shows decrease in size of the left axillary lymph node and a left lower lobe pulmonary nodule, stable mediastinal, hilar, and subcarinal lymph; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.  
PATIENT HAS BEEN EXPERIENCING SEIZURES WITH INCREASED BACK PAIN. KNOWN CANCER WITH METS.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Patient has known colon cancer. C77.2, C18.7; This is a 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.

Patient has received 1 cycle of chemo. Chemo on hold due to platelet count. Need restaging scans to check the cancer response to chemo.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 has rectosigmoid cancer and has completed chemotherapy on 4-14-2016. Requires CT scan of abdomen pelvis and chert with contrast to evaluate the effectiveness of the therapy.; This study is being ordered for a metastatic disease.; There are 2 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 is here for yearly check up of Chronic Lymphocytic Leukemia; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.  
patient with known CLL Rai Stage III. Scans to evaluate response to current treatment.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

post chemo eval; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

post chemo/xrt and surgery &#x0D; shoulder and chest pain; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

pt had recurrence of breast cancer in April of 2015 and completed six cycles of Gemzar/Abraxane in December 2015. CT scan in January of 2016 revealed increase in prominence of the right hilum lymph node chains and prevascular lymph node chains. CT scans 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.

Pt receiving treatment and we are looking to make sure that this continues to be effective.The last studies were done 5/2/16.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

rash on chest, F/O for restaging.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

rash; right leg calf area- present approx 5 months &#x0D; dysphagia while lying down&#x0D; shortness of breath, cough productive with clear phlegm &#x0D; Reports bilateral LE edema, feels like my heart beats fast sometimes &#x0D; diarrhea&#x0D; night sweats&#x0D; bone pain and R knee ; This study is being ordered for Inflammatory/ Infectious Disease.; Patient with History of Hep C&#x0D; Reactive results from 2/22/16; There has not been any treatment or conservative therapy.; fatigue/lethargy

Reevaluation of chemo treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

restage lymphoma after completion of chemotherapy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

restaging 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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

restaging 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.

RESTAGING LEUKEMIA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restaging lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restaging post radiation to see if treatment needs to be continued or changed; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restaging to see if treatment needs to be changed or continued; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.

RESTAGING OF KNOWN RECTAL CANCER; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Scans to establish new baseline; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

She is having ABD pain and cramps, diarrhea; 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.

Stage 1 colon cancer left renal 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.

STAGE II TRIPLE NEG BREAST CA. STATUS POST BILAT MASTECTOMY FOLLOWED BY CHEMO. PT HAVING SEVERE PAIN TO RT UPPER ARM/LT LOWER EXT. PT ALSO HAVING 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 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.



STAGE IV OVARIAN CA: CT SCAN REVEALED A LIKELY LIVER METASTASIS. SHE HAD SIGNIFICANT ABDOMINAL DISEASE. CURRENTLY ON CARBO/TAXOL. DR WANTING CT SCANS TO ASSESS 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.; 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.; 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.

This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is a PSA greater than 10.; 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 did not have a prior Abdomen/Pelvis CT.

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 had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.

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

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Lymphadenopathy.; Other

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

This is 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 and abdominal pain

This is 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

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

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

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 with known pancreatic mass seen on CT scan 10-7-2015.; Surveillance.

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; 1 year follow up scan to evaluate known colon cancer.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; 11/24/15 U/S of Testicles and Scrotum&#x0D; 1. There is a left testicular mass consistent with malignancy. This&#x0D; was discussed with Dr. Scroggins.&#x0D; 2. Small right hydrocele.&#x0D; &#x0D; 02/15/2016 CT AB/PEL&#x0D; 1. Positive response to therapy with marked decrease in size

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; faxing rec

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Patient with known Stage IV Breast cancer with anal mets. Complaining of RLQ pain, CT to investigate.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; 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 not 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.; Initial Staging of Cancer; Imaging studies have not 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.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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.

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.

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.



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.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

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

We are going to evaluate her response with repeat CAT scans in about 10 days.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

Will fax records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

CT ON 4/26/16 SHOWS NODULAR THICKENING OF THE ENTIRE LEFT ADRENAL GLAND. ABDOMINAL MRI RECOMMENDED FOR FURTHER CHARACTERIZATION.; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.

Evaluation of patient with liver 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.

faxing rec.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Pt had an abnormal ct; 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.

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.";

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.";

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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";

This 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."; evaluation from last treatment

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."; Evaluation of patient with Pancreatic Cancer.

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.

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.";

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."; PT IS HAVING NEW ABDOMINAL PAINS

This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is no ultrasound or plain film evidence of an abdominal organ enlargement.; Pancytopenia secondary to Cirrhosis/Splenic sequestration.; Altered liver function secondary to Cirrhosis/Hep C.; Elevated AFP, doubled

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.";

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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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."; At least five masses are present within the right lobe of the liver (the largest of which measures up to 2.9 cm) and likely represent multifocal hepatocellular carcinoma.

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 abdomen demonstrated adrenal mass MRI recommended for evaluation

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. . Because of this, repeat scans were obtained 6/27/2016. CT HCAP and BS showed enlargement of multiple subpectoral and left axillary lymph nodes. These may be reactive due to the recent LUE thro

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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; faxing records

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.

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.;

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Liver function test elevated'&#x0D; ferritin elevated'&#x0D; Fatigue&#x0D; Abdonminal&#x0D; Check to see if liver is storing iron,excess iron

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

39 y/o female with extremely dense breast tissue on imaging and moderate dense breast tissue on clinical exam. she is experencing right upper outer quadrant breast pain and she has a family history of breast cancer in mother at age 52.; 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).

follow up scans for lymphoma with radiation to the chest... last scans in 10/15; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.

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).

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.

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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

; This study is being ordered for a metastatic disease.; There are 2 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 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.

RESTAGING AFTER CHEMO PRIOR TO STEM CELL TRANSPLANT.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

RESTAGING MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Restaging; This is a request for an MRI Bone Marrow.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.



This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.;

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.; restaging after chemo; to monitor heart stress.

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.; RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY

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.;

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.; Breast cancer, undergoing chemotherapy.

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.; Clinical Stage II breast cancer Chemotherapy regimen TCH was completed on 5/24/2016 for neoadjuvant chemo. Bilateral Mastectomy with reconstruction is being planned. 11 more cycles of Herceptin every three week after surgery.

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Patient is taking Herceptin a cardiotoxic drug

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Patient is undergoing chemotherapy and has CHF

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

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.;

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.; Elevated alkaline phosphatase

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.; Enter answer here - or Type In Unknown If No IDoug had a second colon cancer diagnosed in July 2007. The other was many years ago. He had surgery and adjuvant chemotherapy. &#x0D; &#x0D; Doug has recurrent ureteral cancer metastatic to bone. This was all origin

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  
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.;

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.;

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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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.; Also ordered a Pet scan, this is before chemo that may cause heart problems  
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.; Clearance to start chemo

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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

; This study is being ordered for a metastatic disease.; There are 2 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 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 study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with 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.

faxing records; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

follow up to chemo&#x0D; last CT A/P showed new cystic lesion in spleen and liver lesions; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

hypermetabolic left chest wall lesion concerning for metastatic disease. Mass increased in size&#x0D; C2 vertebral enhancing lesion; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Initial staging workup for newly diagnosed breast cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Newly diagnosed rectosigmoid cancer, scans for initial staging workup.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

One year follow up scans for monitoring malignant neoplasm of lower quadrant of right breast with secondary malignant neoplasm 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

PATIENT LAST SCANS SHOWED WORSENING DISEASE IN NECK AND LOWER PULMONARY NODULE AS WELL AS LESIONS IN THE LIVER SIGNIFICANTLY WORSE. PATIENT CURRENTLY ON CARBOPLATIN/ABRAXANE AND DR. KOCH WANTING TO RESTAGE. LAST MRI SHOWED A NEW 2MM LESION- CONSISTENT WITH; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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.

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; A lab test other than an SPEP suggests their need for ordering this study.

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 study, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.

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.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; 1 PET Scans has already been performed on this patient for this cancer.

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.

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.

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.

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.

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.; 1 PET Scans has already been performed on this patient for this cancer.



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.

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.

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.; 2 PET Scans have already been performed on this patient for this cancer.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.

This is 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.

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.

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.

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.

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.

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.

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.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.

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.

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.

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.

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.

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.

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.

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.

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.

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 singns or symptoms.

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.

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.

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.

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.

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.

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.

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. Will fax records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 study is being ordered for a metastatic disease.; There are 2 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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. Evaluate patient for lung cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluate solitary pulmonary nodule prior to surgery.; 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. Evaluation of patient with an enlarging pulmonary nodule with history of renal cell 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.

Evaluation of patient with 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. Evaluation of patient with Cervical Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Colon 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. Evaluation of patient with Esophageal Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Head and Neck 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.

Evaluation of patient with history of Breast Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with liver 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.

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with malignant neoplasm of left breast; 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.

Evaluation of patient with malignant neoplasm of parotid gland.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with malignant neoplasm of the right lung and intra-abd nodes.; 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.

Evaluation of patient with Ovarian 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.

Evaluation of patient with pulmonary nodules.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/23/14; There has not been any treatment or conservative therapy.; Asymptomatic

Evaluation of patient with Rectal 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.

Evaluation of patient with stage IV 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.

Evaluation of patient with stage IV Lung 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.

Evaluation of patient with stage IV Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxed rec.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxed rec; 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.

Faxed records.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing rec.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing rec.; 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.

faxing rec.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing rec; 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.

faxing rec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.



Faxing records.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Faxing records.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

faxing records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.

non small cell lung cancer, initial staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

none; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Non-small cell carcinoma of right lung; Completed XRT/CT and stable, plan close follow up as RUL activity increased, however no change in size. His shoulder pain resolved. Plan RTC in 3 months with scans.; 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 is undergoing Chemo Therapy Tx and she is being restaged and to see if it has metasisized any further and to see if she is responding 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.

restaging of cancer 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.

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.

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.

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.

This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Colo-rectal Cancer.

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.

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.

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.

This is a request for a Tumor Imaging PET Scan; 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 initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This would be the first PET Scan performed on this patient for this cancer.

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.

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.

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.

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.

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.

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.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; This is NOT being ordered to distinguish tumor(s) from treatment related tissue necrosis.; The patient has Brain cancer.

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.

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.

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.

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.

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.

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.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.

This is 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.

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.

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.

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.

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.

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.; 4 PET Scans have already been performed on this patient for this cancer.

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.

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.



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.

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.

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.

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.

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.

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.

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.; It is unknown how many PET Scans have already been performed on this patient for this cancer.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.; 4 PET Scans have already been performed on this patient for this cancer.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.

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.

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.

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.

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.; 1 PET Scans has already been performed on this patient for this cancer.

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.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.

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.  
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.

This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.

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 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

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.



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.

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.

; This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is 54 years old or younger.; 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.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

Neuropathy in hands and feet decreased concentration; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Radiology Services Denied Not Medically Necessary

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

ANEMIA, WEIGHT LOSS, HYPERCALCEMIA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with malignant neoplasm of the esophagus.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

ANEMIA, WEIGHT LOSS, HYPERCALCEMIA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Evaluation of patient recently diagnosed with diffuse large-b cell lymphoma.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Head and Neck 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. Restaging for cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Breast Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with malignant neoplasm of the lung with secondary malignant neoplasm of the brain.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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 not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

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.

Radiology Services Denied Not Medically Necessary

"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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

&lt; Describe primary symptoms 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.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known 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 treatment / IRON conservative therapy here - or Type In Unknown If No Info Given

Radiology Services Denied Not Medically Necessary

; This study is being ordered 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.;

Radiology Services Denied Not Medically Necessary

ANEMIA, WEIGHT LOSS, HYPERCALCEMIA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluate patient for lung cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient recently diagnosed with diffuse large-b cell lymphoma.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Cervical Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Colon 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Esophageal Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Head and Neck 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with history of Breast Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with malignant neoplasm of left breast; 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with malignant neoplasm of parotid gland.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with malignant neoplasm of the esophagus.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with malignant neoplasm of the lung with secondary malignant neoplasm of the brain.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Ovarian 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Rectal 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with stage IV 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with stage IV Lung 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with stage IV Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxed rec.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxed rec; 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.

Radiology Services Denied Not Medically Necessary

faxing rec.; 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.

Radiology Services Denied Not Medically Necessary

faxing rec.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing rec; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Radiology Services Denied Not Medically Necessary

faxing rec; 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.

Radiology Services Denied Not Medically Necessary

faxing rec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing records; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Non-small cell carcinoma of right lung; Completed XRT/CT and stable, plan close follow up as RUL activity increased, however no change in size. His shoulder pain resolved. Plan RTC in 3 months with scans.; 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.

Radiology Services Denied Not Medically Necessary

pt had abnormal mri and has abnormal blood work; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; weight loss unexplained, night sweats, abnormal labs and pancytopenia; There has not been any treatment or conservative therapy.; weight loss pancytopenia and night sweats

Radiology Services Denied Not Medically Necessary

Restaging for cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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.

Radiology Services Denied Not Medically Necessary

restaging of cancer 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

to rule out early lung 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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

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.

Radiology Services Denied Not Medically Necessary

; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; 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.

Radiology Services Denied Not Medically Necessary

; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is no known or suspected coarctation of the aorta.; There is another type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.



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.;

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

faxing records; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

&lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 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 not had recent plain films of the shoulder.; faxing rec; The patient has not had a recent CT of the shoulder.

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

; This study is being ordered 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.;

Radiology Services Denied Not Medically Necessary

ANEMIA, WEIGHT LOSS, HYPERCALCEMIA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluate patient for lung cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient recently diagnosed with diffuse large-b cell lymphoma.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with a Lung 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.; 3/31/16; There has not been any treatment or conservative therapy.; Evaluation of patient with a Lung Mass.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Cervical Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Colon 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Esophageal Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with history of Breast Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with malignant neoplasm of left breast; 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with malignant neoplasm of parotid gland.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with malignant neoplasm of the esophagus.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with malignant neoplasm of the lung with secondary malignant neoplasm of the brain.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Ovarian 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Rectal 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with stage IV 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with stage IV Lung 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with stage IV Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxed rec.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxed rec; 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.

Radiology Services Denied Not Medically Necessary

faxing rec.; 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.

Radiology Services Denied Not Medically Necessary

faxing rec.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing rec; 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.

Radiology Services Denied Not Medically Necessary

faxing rec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing records; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Non-small cell carcinoma of right lung; Completed XRT/CT and stable, plan close follow up as RUL activity increased, however no change in size. His shoulder pain resolved. Plan RTC in 3 months with scans.; 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.

Radiology Services Denied Not Medically Necessary

pt had abnormal mri and has abnormal blood work; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; weight loss unexplained, night sweats, abnormal labs and pancytopenia; There has not been any treatment or conservative therapy.; weight loss pancytopenia and night sweats

Radiology Services Denied Not Medically Necessary

restaging of cancer 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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 complaining of abdominal pain and palpable mass on physical exam

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases

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.

Radiology Services Denied Not Medically Necessary

to rule out early lung 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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

unknown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.

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.

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.

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)?;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Radiology Services Denied Not Medically Necessary

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Post cycle 4 of Rituxan and ferreri regimen for CNS Lymphoma.

Radiology Services Denied Not Medically Necessary

Evaluation of patient recently diagnosed with diffuse large-b cell lymphoma.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with malignant neoplasm of the esophagus.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; The patient does NOT have Thyroid or Brain cancer.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.

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.

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 Ovarian or Esophageal 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with a Lung 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.; 3/31/16; There has not been any treatment or conservative therapy.; Evaluation of patient with a Lung Mass.



Radiology Services Denied Not Medically Necessary

Evaluation of patient with Breast Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with malignant neoplasm of the bladder.; 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with malignant neoplasm of the lung with secondary malignant neoplasm of the brain.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with stage IV Bladder 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.

Radiology Services Denied Not Medically Necessary

Evaluation of pt with cervical cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing rec; 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.

Radiology Services Denied Not Medically Necessary

faxing records.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

faxing records; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing records; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

faxing records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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 Head/Neck Cancer.; This is NOT being ordered to distinguish tumor(s) from treatment related tissue necrosis.; The patient has Brain cancer.

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 Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.

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.; This would be the first PET Scan performed on this patient for this cancer.

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 Melanoma.; This is for evaluation of regional lymph nodes.

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.

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.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.

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.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient has Brain cancer.

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 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.

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.

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.; 4 PET Scans have already been performed on this patient for this cancer.

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.; This would be the first PET Scan performed on this patient for this cancer.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.

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.

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.

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.

troponin elevated; 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).

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

Possible Brain Abscess. Currently in treatment for MRSA, does c/o frequent migraines (which are new for her) and fevers are becoming more frequent (though not as high as they have been in the past). Last dose of Vancomycin was Monday or Tuesday, but she ; 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."; The study is requested for headache.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 9/7/15; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Rx and IV/ 2 surgeries/ Pt/ hyperbaric therapy/ swelling/ previous CT

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)

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 2/2016; There has been treatment or conservative therapy.; low grade fever, chills, sweats, aches, pains.. Lymphnode swelling and soreness. low grade nutraphilic phylosicosis. Temperatures are intermittent ranging around 100.3. fatigue. Began in February. Several infectons. HX of IGA deficiency and Mannose binding; meds, triaxone and orasephalesporin, topical steroids for a rash, anti hypertensive cladadine.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 9/7/15; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Rx and IV/ 2 surgeries/ Pt/ hyperbaric therapy/ swelling/ previous CT

This 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 2/2016; There has been treatment or conservative therapy.; low grade fever, chills, sweats, aches, pains.. Lymphnode swelling and soreness. low grade nutraphilic phylosicosis. Temperatures are intermittent ranging around 100.3. fatigue. Began in February. Several infectons. HX of IGA deficiency and Mannose binding; meds, triaxone and orasephalesporin, topical steroids for a rash, anti hypertensive cladadine.

Pt had MRI of his thoracic spine on 3/26/16 in March where the radiologist noted that multiple lung nodules were seen and recommended that patient needed Chest CT for full 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.

The Cat Scan of chest with iv contrast is for a 6 month followup on a lung lesion.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

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.

His left hip is really hurting, and he's not been able to walk without a walker since d/c. it's been hurting since the wreck. no back 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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 2/2016; There has been treatment or conservative therapy.; low grade fever, chills, sweats, aches, pains.. Lymphnode swelling and soreness. low grade nutraphilic phylosicosis. Temperatures are intermittent ranging around 100.3. fatigue. Began in February. Several infectons. HX of IGA deficiency and Mannose binding; meds, triaxone and orasephalesporin, topical steroids for a rash, anti hypertensive cladadine.

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.

This is 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, Patient with end-stage renal disease, diabetes mellitus and labile hypertension with recurrent episodes of CAPD associated peritonitis over the last few months. These episodes reportedly up and with different organisms. She says that she

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

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, radiologist recommended f/u MRI



&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;&#x0D; NO; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; Severe Claustrophobia is the reason an MRI is not being considered

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

; 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.

failure of conservative medical therapy; This study is being ordered for Inflammatory/ Infectious Disease.; August 21, 2015; There has been treatment or conservative therapy.; persistent facial pain and fever, along with blurry vision and headaches and drowsiness; multiple courses of antibiotics including steroid and probiotic therapy. Allergy testing and immunotherapy also

HEADACHE WORSENING HEADACHE, ATAXIA.HX OF CHIARI MALFORMATION TYPE 1,DIZZINESS,OCCIPITAL HEADACHE,SUDDEN SEVERE 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.

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 other indications

Patient having severe headache related to recent 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."; The study is requested for recent head trauma or injury.

Patient lost vision for a short period of time. All other senses were intact. Testing requested to rule out stroke or any other abnormalities.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Abnormalities of the eye; It is unknown why an MRI is not being considered

PT CONFUSED, SEVERE HEADACHES SINCE LAST NIGHT, SEEING THINGS BP 190/100...GAVE ASPERIN; 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

pt has ear pain with jaw pain and bruise to area. pt is on aspirin; This study is being ordered for trauma or injury.; 04/23/2016 fall; There has not been any treatment or conservative therapy.;

right sided facial pain, pain meds not helping; 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

Syncope, increased 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.

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."; The study is requested for recent head trauma or injury.

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.

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.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.

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.

This is a request for a brain/head CT.; The study is requested for history of stroke, (CVA) known or follow-up.

This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

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.

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."; The study is requested for headache.

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.

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."; The study is requested for headache.

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.

This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.

This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.

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.

unknow; 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."; The study is requested for headache.

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.

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

Chronic sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

failure of conservative medical therapy; This study is being ordered for Inflammatory/ Infectious Disease.; August 21, 2015; There has been treatment or conservative therapy.; persistent facial pain and fever, along with blurry vision and headaches and drowsiness; multiple courses of antibiotics including steroid and probiotic therapy. Allergy testing and immunotherapy also

pt has ear pain with jaw pain and bruise to area. pt is on aspirin; This study is being ordered for trauma or injury.; 04/23/2016 fall; There has not been any treatment or conservative therapy.;

R/O cellulitis; 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.

This has been a problem for the past 5 plus years. The pattern of symptoms is described as perennial, with virtually year-round symptoms. His primary symptoms include ear complaints, facial pressure, headache, nasal congestion, nasal itching, ocular tea; 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

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

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)

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)

; 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.

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.

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.

&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.; sudden onset; There has not been any treatment or conservative therapy.; dizziness, off balance, lightheadedness, hx of carotid artery disease along with orthostatic hypotension

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 2/2016; There has not been any treatment or conservative therapy.; headache, vertigo, decreased range of motion  
Yes, this is a request for CT Angiography of the brain.

&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.; sudden onset; There has not been any treatment or conservative therapy.; dizziness, off balance, lightheadedness, hx of carotid artery disease along with orthostatic hypotension

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 2/2016; There has not been any treatment or conservative therapy.; headache, vertigo, decreased range of motion  
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 infection or abscess

"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis

"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

had mri of brain, depression and memory 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.; Jan 4 2016; It is not known if there has been any treatment or conservative therapy.; Diarrhea, weight loss, abdominal pain. swelling in the neck. chest pains. abnormal ultrasound. had a fall and injured his chest. Patient has stints.

R/O trigeminal neuralgia; This study is being ordered for a neurological disorder.; May 2016; There has been treatment or conservative therapy.; Jaw, teeth and neck pain, headaches, popping in left ear when yawning; Medications  
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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3/31/16; There has not been any treatment or conservative therapy.; Facial , paralysis , dizziness , ischemia  
None; This study is being ordered for a neurological disorder.; 3 months ago; There has not been any treatment or conservative therapy.; Family hx of aneurysm severe H/a x 3 months

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 been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA. to evaluate her symptoms and to rule out any abnormal brain functions; This study is being ordered for a neurological disorder.; 6/24/16; There has not been any treatment or conservative therapy.; confusion, syncope episodes, palpitations, not feeling well at all

The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.

The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.; The patient has had an abnormal ultrasound of the neck.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.



&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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)

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3/31/16; There has not been any treatment or conservative therapy.; Facial , paralysis , dizziness , ischemia

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

&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.; 1-6mos ago; There has been treatment or conservative therapy.; brain- memory loss cervical- tremors and paresthesia; medication for heart condition

; 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.

; This 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 request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

; 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.

; 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.

; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

Abnormal involuntary movement of hands and legs. Checked labs and negative so MRI brain is necessary to rule out Parkinsons; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Berry cerebral aneurysm - headaches, memory lapses or changes. emotional lability; high irritability; depression; ; retroorbital pain ; ; htn; 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.

brain: neuro defects ; cervical: radiculopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

Chronic headache not relieved by medication. Has been treated with Imitrex, ibuprofen last 2 years. Patient having vertigo, dizziness and loss of coordination.; This 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).

had mri of brain, depression and memory 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.; Jan 4 2016; It is not known if there has been any treatment or conservative therapy.; Diarrhea, weight loss, abdominal pain. swelling in the neck. chest pains. abnormal ultrasound. had a fall and injured his chest. Patient has stints.

limited ROM (L shoulder, reduced passive ROM for abduction past 90 deg. pos empty can test, neg neer, normal drop test.). Extremities: no cyanosis or edema. normal xrays. MRI to be done L shoulder due to concern about rotator cuff injury.; headache, memory 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.; 1 month ago for the headaches- approx 3/15/16.; 2 months ago for the shoulder pain- approx. 1/15/16; There has not been any treatment or conservative therapy.; L shoulder aching pain for about 2 months. ; Injury while lifting overhead and pushing box at work. ; Initially thought it was a sprain and managed supportively but has been worsening. ; Trouble lifting arm overhead. ; about 1 month h/o R sided pressu

MD wants to see if tumor is shrinking after radiation; 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.

NA; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Malaise; Takotsubo cardiomyopathy; Hypercortisolism; Vomiting; Dysphagia

new dx cognitive impairment, meeting criteria for dementia. memory changes and 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 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.

None; This study is being ordered for a neurological disorder.; 3 months ago; There has not been any treatment or conservative therapy.; Family hx of aneurysm severe H/a x 3 months

Patient blacked out while driving. Reports dizziness and headache.; 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.

patient had hit her head on a brick in falling accident.; This study is 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 getting headaches from a motor vehicle accident since 1972, and headaches are worsening since then.; There has been treatment or conservative therapy.; loss of appetite , loss of feeling ,body numbness , when these headaches occur, sharp continuous pain in head. patient had fallen last year.; medicine, including Tramadol. to help with pain relief

Patient has repeated falls, progressive tremor of the head, gait instability, cant walk straight.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 has sudden severe headache, currently has brain cancer.; 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)

Patient is having memory loss, mental status changes, depression, and fatigue.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).



patient used migraine 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 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)

Patient was newly diagnosed with lung cancer of unknown type. This is for staging of lung cancer and to see if the cancer has spread.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

post trauma to head patient reports headache, trauma due to patient getting dizzy and falling down hitting head on hard surface; 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.

Pt Fell and hit head.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

PT has been DX with scoliosis.; This 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).

R/O trigeminal neuralgia; This study is being ordered for a neurological disorder.; May 2016; There has been treatment or conservative therapy.; Jaw, teeth and neck pain, headaches, popping in left ear when yawning; Medications

START:01/17/2016,; Preliminary Procedures Lab Work ; Already Completed:normal; Referrals: Referrals to Specialists:Referred to Dr. Kaplan ; Reason for Study: mass or tumor, trigeminal; Conntinues to have spells of Rt shoulder pain referred to t; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.  
This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.

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.

This 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.

This 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.

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.

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.

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).

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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

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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.

This 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.

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.

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.

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).

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.

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.

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.

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.

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.

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).

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).

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.

to evaluate her symptoms and to rule out any abnormal brain functions; This study is being ordered for a neurological disorder.; 6/24/16; There has not been any treatment or conservative therapy.; confusion, syncope episodes, palpitations, not feeling well at all

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.; 04/02/2016; There has been treatment or conservative therapy.; double vision/ neck pain /; was also seen by eye Dr

Unknown; This study is being ordered for trauma or injury.; 4/26/2016; There has not been any treatment or conservative therapy.; Patient is experiencing altered mental status with confusion left upper and lower weakness and numbness left sided vision defects.

"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.

"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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.  
; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.  
; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; It is unknown if this patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

; 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.

; This study is 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 months ago.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

3/29/16 chest x-ray was abnormal; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.



6mos follow up for lung nodule thyroid mass, multiple small nodules in both lungs found on 10/15/15 patient has increased risk of malignancy; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

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.

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.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

abdominal pain, diarrhea, lesion in ultrasound, nausea; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Chest pain, pressure, palpitations , nausea; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

chronic cough, weight loss, shortness of breath; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

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.

DR WANTING TO START PT ON A NEW MEDICATION(ERIBULIN) IF PT HAS PROGRESSION UPON THE FOLLOWING SCANS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

evaluation follow up of chest mass and 3 nodules, chest discomforts, head aches; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

f/u for 2 nodules; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Follow up. Pt had a previous Abnormal CT.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.

given zanaflex PRN; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.; Unable to perform abduction of right arm; positive empty can test; unable to perform internal rotation on active or passive ROM

Her cough seems to be chronic now and more than occasional. She seems to feel its allergic due to the fact that it was absent in Mexico and much less intense at her daughters house. She was seen for right facial swelling (apparently marked) in addition to; This study is 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 chronic cough and right facial swelling needs ct sinuses and ct chest; There has been treatment or conservative therapy.; chronic cough; right facial swelling; medication

large mass showed on x ray and 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.

On 8/21/14, Patient had ct of abdomen and pelvis performed due to elevated liver enzymes and abdominal pain. Two small noncalcified soft tissue pulmonary nodules measuring up to 4mm in diameter were found on the right lung base. Radiologist recommended ; 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.

patient had pneumonia a few months ago; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; 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.

PATIENT HAD SCANS ON 3/7/16 WHICH SHOWED MIXED RESPONSE- THEN SCANS ON 4/15/16 THAT SHOWED SLIGHT IMPROVEMENT IN METASTATIC DISEASE. THIS PATIENT HAS COMPLETED 6 CYCLES OF DOXORUBICIN. DR. ROBERTSON WANTS SCANS TO SEE IF DISEASE IS IN STABLE CONDITION T; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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 has finished a round of steroids and is taking an anti-inflammatory without 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.; 2 months prior; There has been treatment or conservative therapy.; Patient c/o pain in his ribs and LUQ abdominal pain; Patient was started on Celexoxic and a Medrol Dosepak at the last office visit. Patient had an X-ray done with no fractures or masses

PT HAD A CT OF CHEST ON 03/01/2016 THAT SHOWED LUNG NODULES. FU FOR STABILITY. PT ALSO WAS HAVING A COUGH AND COUGHING UP BLOOD. COUGHING UP BLOOD HAS SINCE RESOLVED; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

pulmonary nodule; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months. SUSPICIOUS LESIONS FOUND ON A CHEST X-RAY PERFORMED TODAY; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Suspicious pulmonary nodule\* Pt has pulmonary nodule all over and MDO wants to check\* &lt;/= 8 mm\*; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

the patient had a ct chest in Jan and this is a 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.

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.

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.

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 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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Cough &#x0D; Onset: 4 months ago. The patient describes the cough as dry and non-productive. Symptoms are aggravated by allergens. There are no relieving factors. Associated symptoms include cough, dyspnea, fatigue, fever, hoarseness, post-nasal drainage a; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Enter answer here - Dyspnea on exertion, basilar crackles on left, history of pneumonia 20 years ago with breathing difficulties ever since. cough. smoker.; "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.

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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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.

wheezing, respiratory problems; 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.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

had mri of brain, depression and memory 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.; Jan 4 2016; It is not known if there has been any treatment or conservative therapy.; Diarrhea, weight loss, abdominal pain. swelling in the neck. chest pains. abnormal ultrasound. had a fall and injured his chest. Patient has stints.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

; 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 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.

Had previous back surgery; This study is being ordered for Inflammatory/ Infectious Disease.; 2/2016; There has been treatment or conservative therapy.; Back pain, neck pain, limited ROM.; steroids, pain meds

mva 6 days ago. neck pain/stiffness since then. with pain radiating into left shoulder and arm; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.



NECK PAIN,RADICULOPATHY OF LEGS,CERVICAL INFUSION,PAIN IN NECK.DULL IN NATURE,SUDDEN ONSET OF SYMPTOMS.NUMBNESS IN LEGS.NECK STIFFNESS.RANGE OF MOTION TO NECK DECREASED.; 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.

Pt had back surgery about 20 years ago and now is experiencing pain, numbness, tingling in legs and hands; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; numbness, tingling, pain in legs and hands; nerve blocking

R/O spinal cord stenosis; 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 not experiencing cervical neck pain not improving despite treatment.

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...

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.

This is a request for a thoracic spine CT.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.

Had previous back surgery; This study is being ordered for Inflammatory/ Infectious Disease.; 2/2016; There has been treatment or conservative therapy.; Back pain, neck pain, limited ROM.; steroids, pain meds

Patient has chronic post surgical pelvic pain. Patient has numbness, tingling, paresthesias left lower extremity. Has been treated with antibiotics, oxycodone, valium, tens unit, prednisone. Patient needs to be seen again by a specialist and these CT scan; This study is being ordered for a neurological disorder.; 9/26/2013; There has been treatment or conservative therapy.; Pelvic pain, left leg paresthesias, left leg numbness, post surgical pelvic pain.; Oxycodone, valium, prednisone, Tens unit, antibiotics, pelvic surgery

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 reflex abnormality bilateral hand and finger; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2/2016; There has not been any treatment or conservative therapy.; leg jerking, numbness in left arm, weakness, sensation changes like arms and legs are in warm water, unable to control hands, unable to reach spot she wants to touch when reaching for face, unable to type, looks at the floor when walking because she's not

&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.; 1-6mos ago; There has been treatment or conservative therapy.; brain- memory loss cervical- tremors and paresthesia; medication for heart condition

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 4/8/2016; There has been treatment or conservative therapy.; decrease of motion, right arm numbness, neck pain; physical therapy ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;  
Abn xray; This study is being ordered for a neurological disorder.; 05/13/2016; There has not been any treatment or conservative therapy.; Frequent falls bilateral arm dysesthesia bilateral arm weakness

History / Dx: Woman with migraines on occasion in past. Not much for last few yrs.; c/o loss of hunger and thirst feelings in ~2011. Noted loss of urge to void and defecate then. May get a tiny amount of stress incont. Progressed to fatigue in colle; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/29/2015; There has not been any treatment or conservative therapy.; INCONTINENCE, LOSS OF BLADDER AND BOWEL SENSATION, MIGRAINES, FATIGUE, ; MRI L SPINE-DISC BULDGE AT L5/S1, WITH MLD BILATERAL NEURAL FORMINAL STENOSIS

numbness and tingling down both arms and in both hands. Sharp pain when she turns her head to the side. Worse the past 3 weeks.; 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 pain is radiating down both arms. she's losing grip and dropping things. Getting more frequent within last 3 weeks.; The patient 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 history of cervical spine fusion at c6 and 7, decreased range of motion in neck, cant make fist with either hand and has cervical spondylosis; 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 of left, difficultly tying shoes, numbness of shoulders down to fingers; The patient 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 not getting better with concervative treatment and is needing further study to identify problem; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; has been seeing chiropractor and streching exercise for over 6 weeks and not getting better. has had Nsaids and Muscle relaxer and not helping.

She has narrowing seen on Xray of C4 and C5 (neck degeneration). I think this may be her problem. She needs MRI of cervical spine. Her upper back shows some arthritis, MRI would not be helpful here. This could explain her 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.; MUSCULOSKELETAL: Positive for arthralgias, back pain ( chronic ) and neck pain. Negative for myalgias. ; INTEGUMENTARY/BREAST: Positive for extremely dry skin. Negative for jaundice or pruritis. ; NEUROLOGICAL: Positive for headaches ( see HPI. P; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

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.

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.

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.

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.

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.

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.; Yes, the patient had six weeks of Chiropractic care related to this episode.

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.

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?

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.

This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.

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.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

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.

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.

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.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Patient is having some neck pain which radiate down her right arm alot and sometimes the left. There has been no injury to it. But has played basketball growing up.

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.



This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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.; 04/02/2016; There has been treatment or conservative therapy.; double vision/ neck pain /; was also seen by eye Dr

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.; 3/7/2012; There has been treatment or conservative therapy.; neck and back pain with radiculopathy, decreased strength, bilateral shoulder pain; physical therapy, pain meds, muscle reazes

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; pain&#x0D; radiating down left lower extremity; x rays,

History / Dx: Woman with migraines on occasion in past. Not much for last few yrs.&#x0D; c/o loss of hunger and thirst feelings in ~2011. Noted loss of urge to void and defecate then. May get a tiny amount of stress incont. Progressed to fatigue in colle; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/29/2015; There has not been any treatment or conservative therapy.; INCONTINENCE,LOSS OF BLADDER AND BOWEL SENSATION,MIGRAINES,FATIGUE,&#x0D; MRI L SPINE-DISC BULDGE AT L5/S1,WITH MLD BILATERAL NEURAL FORMINAL STENOSIS

Patient has had an x-ray of the shoulder and spine which came out ok but the patient is still in a lot of pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; shoulder and back pain; Patient has been doing some Physical therapy. Has been doing otc tylenol, ect.

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.; The patient has had 3 or fewer thoracic spine MRIs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

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.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; The patient is experiencing or presenting symptoms of abnormal gait.

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.

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.

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.

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.; xray on 5/8/16 shows compression fx, pain, thrown from a horse

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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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 the left leg. Had surgery on heels in the past year. Had x-rays on hips and knees in past, results were ok.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2/2016; There has not been any treatment or conservative therapy.; leg jerking, numbness in left arm, weakness, sensation changes like arms and legs are in warm water, unable to control hands, unable to reach spot she wants to touch when reaching for face, unable to type, looks at the floor when walking because she's not

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; pain&#x0D; radiating down left lower extremity; x rays,

; The study 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.

; 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 a neurological disorder.; ; 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.;;

Abn xray; This study is being ordered for a neurological disorder.; 05/13/2016; There has not been any treatment or conservative therapy.; Frequent falls bilateral arm dysesthesia bilateral arm weakness

Chronic pain, numbness, weakness, positive straight leg raise. Symptoms since March 2015. Conservative care has not helped. May need to see a neurosurgeon or pain management; The study 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 pain, numbness, weakness, positive straight leg raise. symptoms since March 2015. Conservative care has not helped. May need to see a neurologist or pain management.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

DEGENERATIVE JOINT DISEASE AND RADICULOPATHY DOWN BOTH LEGS; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

He has chronic lower back pain with sciatic nerve symptoms. he has been going to physical therapy for a month with minimal improvements in fact worsening indeed neuropathic symptoms. His numbness and tingling in his feet is much worse. and he reports 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.; He has chronic lower back pain with sciatic nerve symptoms. he has been going to physical therapy for a month with minimal improvements in fact worsening indeed neuropathic symptoms. His numbness and tingling in his feet is much worse. and he reports 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.

Lower back pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.; It is not known what medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Not improved

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 not been any treatment or conservative therapy.; Numbness and weakness with pain  
pain in right leg, not improving with pain medications; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

patient has been having off and on numbness in the legs past couple of months which has lately worsened past 2 weeks she feels numb and tingly on the side of the legs . she has h/o chronic back pain past 5 yrs she has been to chiropractors in the past as; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Patient has had 4 weeks of physical therapy 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

patient is having back pain with little relief from medication; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Patient not getting better with conservative treatment and is needing further study to identify problem; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; has been seeing chiropractor and stretching exercise for over 6 weeks and not getting better. has had Nsaids and Muscle relaxer and not helping.

Patient with worsening lumbar radiculopathy for the past year. She reports pain to left lower back that is constant, with radiating pain into left leg, down to her ankle. She reports the pain is 8 out of 10, and is described as throbbing, and sharp. ; Pat; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

POSITIVE STRAIGHT LEG RAISES ON LEFT,HAD SEVERAL WEEKS OF EXERCISES AND CHIROPRACTIC CARE WITH NO IMPROVEMENT,MUSCLE RELAXERS AND STERIODS AND PAIN MEDS NOT WORKING,LEFT SIDED 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 weakness.; Physical Exam Findings: positive straight leg raise on the left &#x0D; Already Completed:has had several weeks of exercises and chiropractic care,&#x0D; R/O:HNP,STENOSIS&#x0D; MEDS:CYCLOBENZAPRINE AND STERIODS,IBUPROFEN; The patient does not have new signs or symptoms of 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 Parkinson's disease.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/01/2015; There has been treatment or conservative therapy.; weakness getting worse, b-12 deficiency,, b-12 replacement,

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.

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?

The study requested is a Lumbar Spine MRI.; None of the above; 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.



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

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

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

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

This patient has continuing lower back pain with sciatica that radiates down the left leg. He has tried and failed on steroids, pain medication (couldn't tolerate) and anti-inflammatory drugs. He has done home exercise program, has been walking and att; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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  
unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.; 3/7/2012; There has been treatment or conservative therapy.; neck and back pain with radiculopathy, decreased strength, bilateral shoulder pain; physical therapy, pain meds, muscle reazes

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.  
; 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.

; This study is being ordered due to organ enlargement.; There is no ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.

Patient has a history of kidney stones, having flank pain and has tried increased fluids, walking, and not getting any relief. Small left kidney stone on KUB; The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.

Patient has an elevated erythrocyte sedimentation rate. Dr. Porter is looking at pts right hip and pelvis where pt is having left hip and pelvis pain. Patient had a normal pelvic/ hip x ray.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

Patient has chronic post surgical pelvic pain. Patient has numbness, tingling, paresthesias left lower extremity. Has been treated with antibiotics, oxycodone, valium, tens unit, prednisone. Patient needs to be seen again by a specialist and these CT scan; This study is being ordered for a neurological disorder.; 9/26/2013; There has been treatment or conservative therapy.; Pelvic pain, left leg paresthesias, left leg numbness, post surgical pelvic pain.; Oxycodone, valium, prednisone, Tens unit, antibiotics, pelvic surgery

PT NEEDS SACRALPLASTY. RADIOLOGIST CANNOT DETERMINE EXACT PROCEDURE NEEDED UNTIL CT IS DONE TO SHOW WHERE FX ENDS. CT NEEDS TO EXTEND FROM PELVIS THRU S3 AREA.; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.

; This is a request for a Pelvis MRI.; The request is not for any of the listed indications. multiple myeloma; annual f/u; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

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 not been any treatment or conservative therapy.; Numbness and weakness with pain

This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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.

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.

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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 4/8/2016; There has been treatment or conservative therapy.; decrease of motion, right arm numbness, neck pain; physical therapy given zanaflex PRN; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.; Unable to perform abduction of right arm; positive empty can test; unable to perform internal rotation on active or passive ROM

limited ROM (L shoulder, reduced passive ROM for abduction past 90 deg. pos empty can test, neg neer, normal drop test.). Extremities: no cyanosis or edema. normal xrays. MRI to be done L shoulder due to concern about rotator cuff injury.&#x0D; headache, memor; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 month ago for the headaches- approx 3/15/16.&#x0D; 2 months ago for the shoulder pain- approx. 1/15/16; There has not been any treatment or conservative therapy.; L shoulder aching pain for about 2 months. &#x0D; Injury while lifting overhead and pushing box at work. &#x0D; Initially thought it was a sprain and managed supportively but has been worsening. &#x0D; Trouble lifting arm overhead. &#x0D; about 1 month h/o R sided pressu

Patient has had an x-ray of the shoulder and spine which came out ok but the patient is still in a lot of pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; shoulder and back pain; Patient has been doing some Physical therapy. Has been doing otc tylenol, ect.

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."; No clinicals available

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.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; patient has had an xray performed and it came back negative for abnormalities, pain persists.; 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.; There is no documented findings of severe pain on motion.

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.

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.

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.

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.; fax/ICR

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.

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.

The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are documented physical or plain film findings of delayed or failed healing.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; internal derangement

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?

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.

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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 4/11/16; There has been treatment or conservative therapy.; clottication, Coronary Artery Disease; u/s,  
This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.

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.

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 CT Angiography of the lower extremity.



"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.;

&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.; 12/30/2015; There has been treatment or conservative therapy.; pain; 6 weeks pt

; 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; No, there is no known trauma involving the knee.; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.

1. R knee pain&#x0D; Patient fell a few weeks ago and landed on her R knee. Her R leg slipped out from under her on pavement and she landed on the medial side. She heard a "pop" when she fell and her knee immediately became painful and swollen. She saw Dr. Pee; 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.

had physical therapy and 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.; knee pain began about 5 months ago; There has been treatment or conservative therapy.; joint swelling, irregular gait, sleep disturbance; home therapy

LEFT KNEE XRAY SHOWS 5.3MM DENSITY IN SUPERIOR ASPECT OF HOFFA'S FAT PAD JUST INFERIOR TO THE PATELLA.LEFT KNEE PAIN WITH MOVEMENT AND WEIGHT BEARING,LEFT KNEE EDEMA.LEFT KNEE INJURY 5/13/2016; 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.

Pt had an xray and ULTRA but nothing was conclusive; This study is being ordered for trauma or injury.; a year ago; There has been treatment or conservative therapy.; Pt has pain in right hip and right leg and right groin area; medications, anti inflammatory, home exercise program

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.

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.

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.

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.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

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.

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.

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.

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.

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.

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.

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.

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

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

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

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

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are documented physical or plain film findings of delayed or failed healing.; Post-operative Evaluation

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Instability

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

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.

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

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.; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.

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

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

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications

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; No, the member do not experience a painful popping, snapping, or giving away of the knee.

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.

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

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?

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 completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics.

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

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?

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 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.

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.

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.

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.

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.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

Pt had an xray and ULTRA but nothing was conclusive; This study is being ordered for trauma or injury.; a year ago; There has been treatment or conservative therapy.; Pt has pain in right hip and right leg and right groin area; medications, anti inflammatory, home exercise program

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.

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.



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.

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.

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.

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.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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. ; 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.

Abdomen pain after eating; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

ABDOMINAL PAIN, PREVIOUS CT SHOWED A LESION IN THE KIDNEY, RENAL ULTRASOUND WAS NO HELP; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Enter answer here - Pt. has liver lesion found 6 months ago and radiologist recommended a 6 month follow up ct.&#x0D; Patient has a yearly echo due to his 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.; Enter date of initial onset here - or Type In Unknown UNKNOWN; There has been treatment or conservative therapy.;;

NA; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Malaise&#x0D; Takotsubo cardiomyopathy&#x0D; Hypercortisolism&#x0D; Vomiting&#x0D; Dysphagia

Patient has finished a round of steroids and is taking an anti-inflammatory without 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.; 2 months prior; There has been treatment or conservative therapy.; Patient c/o pain in his ribs and LUQ abdominal pain; Patient was started on Celecoxib and a Medrol Dosepak at the last office visit. Patient had an X-ray done with no fractures or masses

Patient was admitted to hospital in S. Carolina for 10 days for severe abdominal pain. "CT of abdomen normal". Since discharge still has some mild pain, no n/v and stools 1 per day, normal. Lost 10 pounds. No fever. On physical exam: bowel sounds pr; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis 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.

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.

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.

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.

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.

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.

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.

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.

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 Acute Non-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.

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.

unknown; 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.

This is a request for CT Angiography of the Abdomen and Pelvis.

Yes, this is a request for CT Angiography of the abdomen.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 2002/2003; There has not been any treatment or conservative therapy.; Pain in chest

; This is a 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.

abdominal pain, diarrhea, lesion in ultrasound, nausea; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

doctor notes that a mass was felt, patient has abdominal hernias that are becoming more painful.; 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.

DR WANTING TO START PT ON A NEW MEDICATION(ERIBULIN) IF PT HAS PROGRESSION UPON THE FOLLOWING SCANS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.  
f/u for 2 noduls; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

hematuria, 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 NOT performed.

HPI Patient is a 53 y/o WF with h/o Hypothyroidism, GERD, Gastroparesis, and Obesity who presents with multiple episodes of emesis. She says that her symptoms began in the middle of March when her husband was in the hospital. She's lost about 15 lbs. S; 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.

PATIENT HAD SCANS ON 3/7/16 WHICH SHOWED MIXED RESPONSE- THEN SCANS ON 4/15/16 THAT SHOWED SLIGHT IMPROVEMENT IN METASTATIC DISEASE. THIS PATIENT HAS COMPLETED 6 CYCLES OF DOXORUBICIN. DR. ROBERTSON WANTS SCANS TO SEE IF DISEASE IS IN STABLE CONDITION T; This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 is having pain that is worsen in left upper and lower radiates into flank back pain and light headed; This is a 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.

pt has a wound that's leaking fluid and positive culture for mrsa; 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.



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.

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.

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.

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

This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor

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.

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.

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

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

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

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.

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Diabetic patient with gastroparesis.; Other

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Lymphadenopathy.; Other

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

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.

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; 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.

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.

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; abdominal pain for several weeks, tenderness on exam

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

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 upper abdominal pain, fever, nausea, changes in bowel patterns. Suspect diverticulitis.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;

This is 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 pelvic ultrasound - R93.8

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Constitutional: Constitutional: no significant weight gain or loss and no fever, night sweats, or exercise intolerance. &#xOD; &#xOD; &#xOD; Eyes: Eyes: no irritation, dry eyes, or visual changes. &#xOD; &#xOD; &#xOD; ENMT: Ears: no difficulty hearing or ear pain. Nose: no frequent

This is 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 felt upon physical examination.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; IBS

This is 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 pain and rectal bleeding

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; one month history of left upper pain, recent abnormal liver function studies, other abnormal lab results, lost of appetite , tenderness

This is 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 pain, went to ER and had a questioning thickening of a wall of a bowel loop and recommend a cat scan

This is 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

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Worsening abdominal pain with increased pain and tenderness since previous CT exam on 5/20/16 - MRI is contraindicated for this patient due to metal implant. Surgeon recommended additional imaging via CT Abd and Pelvis.

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

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

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

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;

This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; PT HAD LAPROSCOPY FOR PELVIC PAIN BY OBGYN, DURING THAT PROCEDURE THE NOTED A FATTY LIVER.

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; CT requested due to pelvic pain and pelvic mass, patient has history of gynecological surgery's

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

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; &lt;Enter Additional Clinical Information&gt;

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; Psoas muscle mass, 1.8x2 cm Ovoid non enhancing hypo density mass. 3 month F/U for stability, R/O neoplasm DZ, CT 01/19/2016. Flank pain

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; Right inguinal hernia and right inguinal pain with tissue mass

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases

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.; Caller does not know if there is a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases



This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;  
&lt;Enter Additional Clinical Information&gt;

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;  
R/O Abscess

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

To further evaluate cause of her 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.

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.

had mri of brain, depression and memory 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.; Jan 4 2016; It is not known if there has been any treatment or conservative therapy.; Diarrhea, weight loss, abdominal pain. swelling in the neck. chest pains. abnormal ultrasound. had a fall and injured his chest. Patient has stints.

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."; BLOOD IN STOOL,BACK PAIN,NAUSEA,VOMITING,ABDOMINAL PAIN

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 listed for a liver transplant. Imaging is to be evaluated for tumors/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."; "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.; "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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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."; This is a 3 month follow up for stability. recommend by the radiologist

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; The patient had elevated liver enzymes and an abnormal US of the 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 is a 1 year follow-up of known pancreatic cysts

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.;

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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;  
This is a request for a MR Angiogram of the abdomen.  
This is a request for a heart or cardiac MRI

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.; Non diagnostic exercise treadmill stress test due to inadequate peak heart rate. However, also noted ST changes and significant dyspnea; Duke Treadmill Score 0 (moderate risk). CTA cardiac to evaluate primarily for anomalous coronaries.&#x0D; &#x0D; Mrs. Walker is a; Yes, there is Chronic Chest Pain.

Yes, this is a request for CT Angiography of the abdominal arteries.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

hx of hodkins disease. Will need to monitor for secondary cancers due to mantle cell radiation treatment which include yearly MRI breasts.; 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.

Pt informed that her F/U diag mammo/US is abnormal-That Dr Tripped wants her to have a bil. MRI because of architectural distortion. Pt states that he had talked to her about this. MRI sch for 5-4-16 at 1pm.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/16/2016; There has not been any treatment or conservative therapy.; Pt informed that her F/U diag mammo/US is abnormal-That Dr Tripped wants her to have a bil. MRI because of architectural distortion. Pt states that he had talked to her about this. MRI sch for 5-4-16 at 1pm.

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).

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; ; 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).

Abnormal EKG, essential hypertension, smokes 1-2 packs of cigarettes a day.; 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).

new onset exertional 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).

patient had hit her head on a brick in falling accident.; This study is 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 getting headaches from a motor vehicle accident since 1972, and headaches are worsening since then.; There has been treatment or conservative therapy.; loss of appetite , loss of feeling ,body numbness , when these headaches occur, sharp continuous pain in head. patient had fallen last year.; medicine, including Tramadol. to help with pain relief

patient with history of HTN; obesity: DM has Calcium score of 496 needs to have nuclear medicine stress test done; 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.

Sinus Bradycardia, chest, jaw, arm pain, sweating and 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.; 2008; There has been treatment or conservative therapy.; 44 y.o.male here for follow-up.He is struggling with fatigue, SOB, and some chest pain recently. He states that his chest pain is left sided and radiates to his neck and down his left arm occasionally. This will occur with exertion or at rest. He has had ; Heart cath in 2008, no stints placed started o Lipitor 20mg recently and albuterol

stress echo showed abnormal ST segments; 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).

The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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).

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).

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.



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).

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).

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.

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).

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.

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.

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).

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

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 study is being ordered for a metastatic disease.; There are 2 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; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging study, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colorectal Cancer.; This would be the first PET Scan performed on this patient for this 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.

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.

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 study, 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.

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.

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.

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.

Enter answer here - Pt. has liver lesion found 6 months ago and radiologist recommended a 6 month follow up ct.; Patient has a yearly echo due to his 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.; Enter date of initial onset here - or Type In Unknown UNKNOWN; There has been treatment or conservative therapy.; ; 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.

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.

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.

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.

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.

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.

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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.

Unknown; This study is being ordered for Vascular Disease.; 06/10/2016; There has been treatment or conservative therapy.; edema in the lower extremities due to patient had hypertension, leg swelling; medications/HCTZ, compression stockings for edema

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

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.

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

Radiology Services Denied Not Medically Necessary

blurry vision; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

Patient has abnormal gait. Trouble standing and walking.; 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

Radiology Services Denied Not Medically Necessary

Patient has had headache, seizure like activity, and altered mental status.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient 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.

Radiology Services Denied Not Medically Necessary

Patient has seizures.; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern. patient is having malaise, nausea, vomiting with 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.

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The study is requested for history of stroke, (CVA) known or follow-up.

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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

wife said there is 3-4 times a week he is having disorientation, and it is believed to be because of seizures. For the last 6 months. Lasts 3 to 10 minutes.; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

Radiology Services Denied Not Medically Necessary

antibiotics and steroids ineffective; 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

Radiology Services Denied Not Medically Necessary



Radiology Services Denied Not Medically Necessary

fist size lump/mass;; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.

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.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.

Radiology Services Denied Not Medically Necessary

patient with elevated blood pressure has headaches, dizziness, vision abnormalities needs to have MRI/mra BRAIN FOR evaluation; This study is being ordered for a neurological disorder.; may 5,2016; There has been treatment or conservative therapy.; headache; dizziness; vision abnormalities; home therapy; medications  
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.

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for trauma or injury.; 4/26/2016; There has not been any treatment or conservative therapy.; Patient is experiencing altered mental status with confusion left upper and lower weakness and numbness left sided vision defects.

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.

Radiology Services Denied Not Medically Necessary

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

patient with elevated blood pressure has headaches, dizziness, vision abnormalities needs to have MRI/mra BRAIN FOR evaluation; This study is being ordered for a neurological disorder.; may 5,2016; There has been treatment or conservative therapy.; headache; dizziness; vision abnormalities; home therapy; medications

Radiology Services Denied Not Medically Necessary

per pt mood disorder, can't hold job. unable to follow through on daily activities.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Radiology Services Denied Not Medically Necessary

This really sounds more like a tension headache.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 2002/2003; There has not been any treatment or conservative therapy.; Pain in chest ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

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.

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 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.

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.

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

50LB WEIGHT LOSS OVER PAST 6 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.; OCTOBER 2015; There has not been any treatment or conservative therapy.; UNEXPLAINED WEIGHT LOSS

Radiology Services Denied Not Medically Necessary

Chest X-Ray was abnormal; 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.

Radiology Services Denied Not Medically Necessary

Chronic Obstructive Pulmonary DZ.; 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. cough in a person with a 38 PPD history of tobacco use; 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.

Radiology Services Denied Not Medically Necessary

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.; 53 year old F comes to clinic with chest heaviness ongoing reports still having cough no sputum production no fever noc hills feels heavy in central chest with swelling lower extremities for over a week now.; "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.

Radiology Services Denied Not Medically Necessary

Pt . has chest pain.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

Pt has a known nodule in the lung that was found by MD in another state some time ago.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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."; "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.

Radiology Services Denied Not Medically Necessary

&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 another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

Radiology Services Denied Not Medically Necessary

Mrs.Fulcher is c/o neck pain that is causing her to have migraines. Mrs.Fulcher had an x-ray of her C-spine in Feb of 2016, but is now needing further imaging due to neck pain worsening.; 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. Pain is increasing/worsening despite treatment.; This study is being ordered for a neurological disorder.; 6/25/15; There has been treatment or conservative therapy.; Pain radiating down neck and back, headaches, numbness; Trigger point injections, chiropractic

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Pt c/o right arm pain/numbness/tingling. He has a positive neurological exam for deficits.; 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.

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; back pain

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; back pain

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

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.; 3/24/2016; There has been treatment or conservative therapy.; Pt in the right hip. and the back pain.; Medications and anti inflamitories

Radiology Services Denied Not Medically Necessary

Pain is increasing/worsening despite treatment.; This study is being ordered for a neurological disorder.; 6/25/15; There has been treatment or conservative therapy.; Pain radiating down neck and back, headaches, numbness; Trigger point injections, chiropractic

Radiology Services Denied Not Medically Necessary

Pt had back surgery about 20 years ago and now is experiencing pain, numbness, tingling in legs and hands; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; numbness, tingling, pain in legs and hands; nerve blocking

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.

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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3/31/16; There has not been any treatment or conservative therapy.; Faciel , paralysis , dizziness , ischemia

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 9/2014; There has been treatment or conservative therapy.; neck pain, back pain, headache, paraspinal muscle tenderness; medication

Radiology Services Denied Not Medically Necessary

&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.; 6/3/16; There has not been any treatment or conservative therapy.; pain

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; medications for pain

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 4/21/2015; There has been treatment or conservative therapy.; Pt has neck pain with radiculopathy/ right knee pain; Pt has had PT and medication therapy with no relief

Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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.



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 NOT had back pain for over 4 weeks.

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.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/5/16; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; Neck and mid-back pain without sciatica; Meloxicam and Ultram

Radiology Services Denied Not Medically Necessary

41 year old female with numbness and tingling in left hand for over 2 months. xray show mild height loss at C7/T1 with dis osteophyte formation; 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 found in left hand causing pt to drop 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.

Radiology Services Denied Not Medically Necessary

Additionally, he presents with history of chest pain. the discomfort is located primarily in the in the left parasternal region. It radiates to the left 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.; 04/15/2016; There has been treatment or conservative therapy.; Radicular arm pain noted from cervical spine OA changes; Norco for pain.

Radiology Services Denied Not Medically Necessary

Further evaluation; 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 weakness in his 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.

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.; Degenerative disc disease, pain

Radiology Services Denied Not Medically Necessary

multiple myeloma; annual f/u; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Radiology Services Denied Not Medically Necessary

no change in 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 seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation

Radiology Services Denied Not Medically Necessary

patient had hit her head on a brick in falling accident.; This study is 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 getting headaches from a motor vehicle accident since 1972, and headaches are worsening since then.; There has been treatment or conservative therapy.; loss of appetite , loss of feeling ,body numbness , when these headaches occur, sharp continuous pain in head. patient had fallen last year.; medicine, including Tramadol. to help with pain relief

Radiology Services Denied Not Medically Necessary

Patient was in a car accident. Passenger side hit by a semi, no initial images were taken; This study is being ordered for trauma or injury.; 04/29/2016; There has not been any treatment or conservative therapy.; Back pain, shoulder pain, left hip and neck.

Radiology Services Denied Not Medically Necessary

Patient was injured in an automobile accident on 10/28/2015. Since that time she has had worsened L-spine pain with sciatica and C-spine pain and dyesthesia.; Further evaluation by MRI is requested due to conservative therapy has been ineffective.; This study is being ordered for trauma or injury.; L-spine date of injury is unknown but has had worsened symptoms since 10/28/2015 MVA. C-spine date of injury is 10/28/2015.; There has been treatment or conservative therapy.; Patient has pain in c-spine and l-spine. She has bilateral upper extremity tingling. She has sciatica on left side.; Patient has had physical therapy, and has taken anti-inflammatory medications as well as muscle relaxers.

Radiology Services Denied Not Medically Necessary

r/o Parkinson's disease.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/01/2015; There has been treatment or conservative therapy.; weakness getting worse, b-12 deficiency;; b-12 replacement,

Radiology Services Denied Not Medically Necessary

Reproducible numbness at thumb and second, third fingers.; This study is 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.; Chronic neck and back pain, numbness and tingling down her arms into her hands, Joint pain, Dizziness, Lower back pain, she has numbness down her right leg.; Nsaids, steroids, Physical therapy recently.

Radiology Services Denied Not Medically Necessary

the patient had a xray done on 4/22/16 which showed multilevel degenerative changes of the facet joints of the lumbar spine. the patient had a c spine xray on 4/22/16 noted degenerative changes of the cervical spine are presents.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2015; There has not been any treatment or conservative therapy.; patient presents with numbness and weakness in his left hand, patient describes the pain as pins and needles patient is also presents with low back pain radiating to the buttocks on the right side for about a year. patient describes pain as constant, mo

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.; &lt;Enter Additional Clinical Information&gt;

Radiology Services Denied Not Medically Necessary

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; DDD, narrowing of disc spacing; No, the patient does not have new or changing neurological signs or symptoms.

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.

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.;

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.; x ray and previous lumbar MRI

Radiology Services Denied Not Medically Necessary

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; NECK PAIN,LEFT UPPER CHEST PAIN,DOWN LEFT ARM TO THE INSIDE OF ARM,LEFT SHOULDER PAIN,CHEST PAIN,R/O HNP,TUMOR,

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; suspected MS, weakness, decreased range of motion, blurry vision, loss of coordination, dizziness, fatigue, previous MRI showed possible demyelinating process, pituitary flattening, history of panhypopituitarism; No, there are no documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; No, there is not a laboratory or x-ray evidence of an infected disc, septic arthritis or "discitis".; No, there is no laboratory or x-ray evidence of a paraspinal abscess.

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.";

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 9/2014; There has been treatment or conservative therapy.; neck pain, back pain, headache, paraspinal muscle tenderness; medication

Radiology Services Denied Not Medically Necessary

&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.; 6/3/16; There has not been any treatment or conservative therapy.; pain

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; Neck and mid-back pain without sciatica; Meloxicam and Ultram

Radiology Services Denied Not Medically Necessary

Additionally, he presents with history of chest pain. the discomfort is located primarily in the in the left parasternal region. It radiates to the left 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.; 04/15/2016; There has been treatment or conservative therapy.; Radicular arm pain noted from cervical spine OA changes; Norco for pain.

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unknown If No Info Given&#x0D; 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.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

multiple myeloma; annual f/u; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Radiology Services Denied Not Medically Necessary

Patient was in a car accident. Passenger side hit by a semi, no initial images were taken; This study is being ordered for trauma or injury.; 04/29/2016; There has not been any treatment or conservative therapy.; Back pain, shoulder pain, left hip and neck.

Radiology Services Denied Not Medically Necessary

r/o disc herniation vs kidney stones; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/02/2016; There has been treatment or conservative therapy.; BP, was in ER 5/2/16, xray showed 1cm kidney stone, hurting for 2 weeks bad but ongoing several months, hurts when stands from sitting, no radiating pain; Nsaids, muscle relaxors, The mid back (thoracic) 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 weakness.; Anything over 10 lbs. causing patient difficulty and 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 recent evidence of a thoracic spine fracture.

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.

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.

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.; worsening back pain after failed conservative treatment; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

the patient had a xray done on 4/22/16 which showed multilevel degenerative changes of the facet joints of the lumbar spine. the patient had a c spine xray on 4/22/16 noted degenerative changes of the cervical spine are presents.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2015; There has not been any treatment or conservative therapy.; patient presents with numbness and weakness in his left hand, patient describes the pain as pins and needles patient is also presents with low back pain radiating to the buttocks on the right side for about a year. patient describes pain as constant, mo

Radiology Services Denied Not Medically Necessary

To R/O nopalgia presthetica; This study is being ordered for Inflammatory/ Infectious Disease.; 05/5/2016; There has been treatment or conservative therapy.; Back pain; Pain meds with no improvement, muscle relaxers with no improvement

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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.; Decrease movement.

Radiology Services Denied Not Medically Necessary



Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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.; mbr has weakness and throbbing PT did not help; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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 C/O Bilateral lower extremity weakness when walking; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 9/2014; There has been treatment or conservative therapy.; neck pain, back pain, headache, paraspinal muscle tenderness; medication

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; 05/15/2016; There has been treatment or conservative therapy.; abnormal gait, walks on a cane; physical therapy, muscle relaxes, infeds

Radiology Services Denied Not Medically Necessary

&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.; 9/8/2015 back- 8/3/2014 hip; There has been treatment or conservative therapy.; pain in back, decreased mobility; physical therapy, medication

Radiology Services Denied Not Medically Necessary

&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.; within the last 30 days; There has not been any treatment or conservative therapy.; lumbar-lower back pain, unable to do daily functions&#x0D; Headache-chronic cluster headache, right temporal region pain, new onset, check sella view.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; medications for pain

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

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

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

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/5/16; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

Back pain: Chronic; bilateral; since her MVA last year. She has had worsening back pain since her dysuria.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unknown If No Info Given&#x0D; 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.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

failed PT after 12 visits; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left foot 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.

Radiology Services Denied Not Medically Necessary

had normal x-rays; The study 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 with positive straight leg rays, decrease dorfilexin in planter flex film on the right, tenderness in lumbar spine and muscle; 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.

Radiology Services Denied Not Medically Necessary

LBP radiating down 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 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.

Radiology Services Denied Not Medically Necessary

multiple myeloma; annual f/u; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

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.

Radiology Services Denied Not Medically Necessary

Pain that is radiating down to her legs with stiffness L buttock and legs and feet. Sharp pain and cannot walk; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

pain, l4 through l5 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  
Patient was in a car accident. Passenger side hit by a semi, no initial images were taken; This study is being ordered for trauma or injury.; 04/29/2016; There has not been any treatment or conservative therapy.; Back pain, shoulder pain, left hip and neck.

Radiology Services Denied Not Medically Necessary

Patient was injured in an automobile accident on 10/28/2015. Since that time she has had worsened L-spine pain with sciatica and C-spine pain and dyesthesia.;  
Further evaluation by MRI is requested due to conservative therapy has been ineffective.; This study is being ordered for trauma or injury.; L-spine date of injury is unknown but has had worsened symptoms since 10/28/2015 MVA. C-spine date of injury is 10/28/2015.; There has been treatment or conservative therapy.; Patient has pain in c-spine and l-spine. She has bilateral upper extremity tingling. She has sciatica on left side.; Patient has had physical therapy, and has taken anti-inflammatory medications as well as muscle relaxers.

Radiology Services Denied Not Medically Necessary

Pt was started on a muscle relaxer for her legs. She states that it is helping some. She bent over at home this weekend and felt a popping sensation in her back and has had severe pain that runs down her leg ever since. She was unable to go to work yeste;  
The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

r/o disc herniation vs kidney stones; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;  
05/02/2016; There has been treatment or conservative therapy.; BP, was in ER 5/2/16, xray showed 1cm kidney stone, hurting for 2 weeks bad but ongoing several months, hurts when stands from sitting, no radiating pain; Nsaids, muscle relaxors, radiculopathy both legs, degenerative joint disease L spine, flexoril; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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.; 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.

Radiology Services Denied Not Medically Necessary

Reproducible numbness at thumb and second, third fingers.; This study is 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.; Chronic neck and back pain, numbness and tingling down her arms into her hands, Joint pain, Dizziness, Lower back pain, she has numbness down her right leg.; Nsaids, steroids, Physical therapy recently.

Radiology Services Denied Not Medically Necessary

Severe pain that is not improving with anti-inflammatory treatment. Decreased mobility.; The study 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 changing positions and can not get comfortable due to pain from L3-L5. He can not get up from a sitting position. Weakness in 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.

Radiology Services Denied Not Medically Necessary

soft tissue swelling and lower back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  
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

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)

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

To R/O nopalgia presthetica; This study is being ordered for Inflammatory/ Infectious Disease.; 05/5/2016; There has been treatment or conservative therapy.; Back pain; Pain meds with no improvement, muscle relaxers with no improvement

Radiology Services Denied Not Medically Necessary

unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is having weakness in 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.

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.; unable to sit or stand for periods of time generally weakness no strength 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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is 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-19/2014; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Pt has pain that radiates down to his leg, difficult to walk, osteoarthritis in right hip, unable to stand, walk or sit for long periods of time since it becomes uncomfortable, has been going on for several months, his legs give out on him.; 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.

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.

Radiology Services Denied Not Medically Necessary

&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.; 3 months; There has been treatment or conservative therapy.; pain in hip and shoulder; Nsaids and heat and ice and

Radiology Services Denied Not Medically Necessary

; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.

Radiology Services Denied Not Medically Necessary

multiple myeloma; annual f/u; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Radiology Services Denied Not Medically Necessary

Patient was in a car accident. Passenger side hit by a semi, no initial images were taken; This study is being ordered for trauma or injury.; 04/29/2016; There has not been any treatment or conservative therapy.; Back pain, shoulder pain, left hip and neck.

Radiology Services Denied Not Medically Necessary

r/o rotator cuff tear; 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.



Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; patient is having parenthesis in her hand, going to physical therapy for neck and it is popping, tenderness in the joint

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 had steroid shots to assist with pain and was unsuccessful for relief.

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.

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.

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 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.

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.; 3/24/2016; There has been treatment or conservative therapy.; Pt in the right hip. and the back pain.; Medications and anti inflamitories

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the lower extremity.

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; 9/8/2015 back- 8/3/2014 hip; There has been treatment or conservative therapy.; pain in back, decreased mobility; physical therapy, medication

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 4/21/2015; There has been treatment or conservative therapy.; Pt has neck pain with radiculopathy/ right knee pain; Pt has had PT and medication therapy with no relief

Radiology Services Denied Not Medically Necessary

; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; 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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

; This study is 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-19/2014; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

decreased range of motion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-10-15; There has been treatment or conservative therapy.; pain and stiffness and swelling; at home therapy OCT anti inflammatory

Radiology Services Denied Not Medically Necessary

left leg numbness and paresthesia; This study is being ordered for Inflammatory/ Infectious Disease.; around the first week of May 2016; There has been treatment or conservative therapy.; numbness, paresthesia, feet and legs swollen, difficult to walk; anti-inflammatory meds

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.

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

&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.; 05/15/2016; There has been treatment or conservative therapy.; abnormal gait, walks on a cane; physical therapy, muscle relaxes, infeds

Radiology Services Denied Not Medically Necessary

&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.; 3 months; There has been treatment or conservative therapy.; pain in hip and shoulder; Nsaids and heat and ice and  
; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

FIND SOURCE OF PAIN; This study is being ordered for a neurological disorder.; 09/17/2015; There has been treatment or conservative therapy.; NUMBNESS, TINGLING, WEEKNESS, CANNOT SIT OR STAND FOR LONG PERIODS; MEDICATION, INJECTION, PHYSICAL THEARPY

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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

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.

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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/2016; There has not been any treatment or conservative therapy.; Patient complains of left upper quadrant abdominal pain. This is located primarily in the left upper quadrant. There is some radiation to the periumbilical region. It began 1 to 2 hours ago. The onset of pain occurred with no apparent trigger. She ch

Radiology Services Denied Not Medically Necessary

Enter answer here - organ enlargement and abdominal pain, mildly tender upon palpation.; 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.

Radiology Services Denied Not Medically Necessary

Epigastria abdominal cramping. Headache. Diverticulitis. Gastroenteritis. Chills, fever, malaise. Vomiting.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

Icd 10 codes, elevated enzymes tests.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

patient has an abdominal hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

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 CT Angiography of the abdomen.

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.

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

50LB WEIGHT LOSS OVER PAST 6 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.; OCTOBER 2015; There has not been any treatment or conservative therapy.; UNEXPLAINED WEIGHT LOSS

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Dip urine in office normal, sent for microscopic analysis.; 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.

Radiology Services Denied Not Medically Necessary

Patient is having LLQ pain and the doctor is looking for diverticular disease.; 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.

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.

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;

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; &lt;Enter Additional Clinical Information&gt;

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; back pain

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; LEFT LOWER QUAD PAIN, PROVIDER REQUESTING CT

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; Looking for cancer in the small bowel.



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; LOWER ABD PAIN, SUPRAPUBIC AREA PAIN, SEVERITY OF PAIN IS MODERATE, PAIN IS SHARP, BLOATING, FLATULENCE.

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 complaint of abdominal pain for 3 days, provider requesting CT scan for further eval of patient

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 acute abdominal pain since last Thursday with nausea

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; unknown

Radiology Services Denied Not Medically Necessary

Uterine fibroid, hernia, and unknown impression.; This is a 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.

Radiology Services Denied Not Medically Necessary  
Radiology Services Denied Not Medically Necessary  
Radiology Services Denied Not Medically Necessary

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; HX cancer-liver enzymes elevated  
This is a request for a MR Angiogram of the abdomen.  
This is a request for CT Colonoscopy for screening purposes only.

Radiology Services Denied Not Medically Necessary

BI breast nodules.; 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.

Radiology Services Denied Not Medically Necessary

Pt informed that her F/U diag mammo/US is abnormal-That Dr Tripped wants her to have a bil. MRI because of architectural distortion. Pt states that he had talked to her about this. MRI sch for 5-4-16 at 1pm.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/16/2016; There has not been any treatment or conservative therapy.; Pt informed that her F/U diag mammo/US is abnormal-That Dr Tripped wants her to have a bil. MRI because of architectural distortion. Pt states that he had talked to her about this. MRI sch for 5-4-16 at 1pm.

Radiology Services Denied Not Medically Necessary

Suspected breast lensions.; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

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.

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

Radiology Services Denied Not Medically Necessary

Atypical chest pain, lab work did not match the intensity of 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).

Radiology Services Denied Not Medically Necessary

CHEST PAIN. FAMILY HISTORY OF CAD. PATIENT IS A 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).

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

headache, dizziness, neck pain, tingling right fingertips, night sweats, syncope; 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).

Radiology Services Denied Not Medically Necessary

Ms Beck is a very pleasant 44yo G1P1 on OCT (q3mo menses) lady (Conway MedCare pharmacy) with significant history of anxiety with depression, migraines, chronic back pain, GERD and HLD, followed by Dr. Lawrence, referred for evaluation of chest discomfort; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

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.

Radiology Services Denied Not Medically Necessary

Patient has a strong family history of CAD. His pain is atypical. EKG with non-specific ST-T changes; 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).

Radiology Services Denied Not Medically Necessary

Patient has chest pain and supraventricular tachycardia.; 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).

Radiology Services Denied Not Medically Necessary

Patient has had CT Chest that shows CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

Radiology Services Denied Not Medically Necessary

Required for pre-op clearance; 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).

Radiology Services Denied Not Medically Necessary

Severe chest pain, shortness of breath, Smoker, History of CAD IN family. Fatigue; 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

Radiology Services Denied Not Medically Necessary

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.

Radiology Services Denied Not Medically Necessary

Type 2 diabetes mellitus without complication&#x0D; Other hyperlipidemia&#x0D; Essential hypertension with goal blood pressure less than 130/80&#x0D; Morbid obesity due to excess calories&#x0D; Hypertriglyceridemia&#x0D; Abnormal EKG; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

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.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.

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.

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.

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.; 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.

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

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for Vascular Disease.; 06/10/2016; There has been treatment or conservative therapy.; edema in the lower extremities due to patient had hypertension, leg swelling; medications/HCTZ, compression stockings for edema

lung mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Burning; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2015; There has been treatment or conservative therapy.; Pt c/o numbness and tingling.; PT and injections with no help 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.

ABD Abscess purpose of the test to see if abscess has been resolved.; 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 male.; It is not known if a rectal exam was performed.

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.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

Unknown; This study is being ordered for a neurological disorder.; 13 years ago, started again 1 year ago; There has been treatment or conservative therapy.; Carotid Stenosis; CT head or Brain w/Contrast 03/07/16 was abnormal; RICA angioplasty and stenting on 03/25/16

UNKNOWN; This study is being ordered for a neurological disorder.; SEPTEMBER 2015; There has been treatment or conservative therapy.; HEADACHES, BLURRED AND DOUBLE VISION, HEMIANOPSIA LEFT AND RIGHT, LOSS OF CONSCIENCES, NAUSEA, NECK STIFFNESS, VERTIGO; MEDICATIONS

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary



Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for a neurological disorder.; 13 years ago, started again 1 year ago; There has been treatment or conservative therapy.; Carotid Stenosis; CT head or Brain w/Contrast 03/07/16 was abnormal; RICA angioplasty and stenting on 03/25/16

Radiology Services Denied Not Medically Necessary

UNKNOWN; This study is being ordered for a neurological disorder.; SEPTEMBER 2015; There has been treatment or conservative therapy.; HEADACHES, BLURRED AND DOUBLE VISION, HEMIANOPSIA LEFT AND RIGHT, LOSS OF CONSCIENCES, NAUSEA, NECK STIFFNESS, VERTIGO; MEDICATIONS

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; &lt;Document exam findings&gt;

Radiology Services Denied Not Medically Necessary

Burning; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2015; There has been treatment or conservative therapy.; Pt c/o numbness and tingling.; PT and injections with no help 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.

none; This study is being ordered for a neurological disorder.; 01/11/2016; There has been treatment or conservative therapy.; Pt suffers with muscle weakness (Left side); enable to walk and vision problems.; Medication therapy

Old cva in 2014; vertigo and dizziness; h/a; possible seizure; This 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).

R/O cause of vertigo; This study is being ordered for a neurological disorder.; 03/31/16; There has not been any treatment or conservative therapy.; Headache , weakness , pain in both legs , , nausea,

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.

"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.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

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.

none; This study is being ordered for a neurological disorder.; 01/11/2016; There has been treatment or conservative therapy.; Pt suffers with muscle weakness (Left side); enable to walk and vision problems.; Medication therapy

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.

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.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.

This is a request for CT Angiography of the Abdomen and Pelvis.  
Yes, this is a request for CT Angiography of the abdomen.

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

This is 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 an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Pt has an adrenal mass

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

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.;" &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" CT of abdomen showed lesion on left kidney and requested MRI

R/O cause of vertigo; This study is being ordered for a neurological disorder.; 03/31/16; There has not been any treatment or conservative therapy.; Headache , weakness , pain in both legs , , nausea,

R/O cause of vertigo; This study is being ordered for a neurological disorder.; 03/31/16; There has not been any treatment or conservative therapy.; Headache , weakness , pain in both legs , , nausea,

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This 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).

Due to injury and the fall; This study is being ordered for trauma or injury.; 2/20/2016; There has not been any treatment or conservative therapy.; pt c/o back pain and numbness down the legs BILAT

Due to injury and the fall; This study is being ordered for trauma or injury.; 2/20/2016; There has not been any treatment or conservative therapy.; pt c/o back pain and numbness down the legs BILAT

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary  
Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

This is a request for CT Angiography of the Abdomen and Pelvis.

This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is no ultrasound or plain film evidence of an abdominal organ enlargement.; ammonia levels are high

Patient is listed for kidney transplant, preoperative testing; 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).

; 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.

; 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.

Bypass Clinicals; ; This is a request for a brain/head CT.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.; None of the listed reasons for the study have been selected.

Mrs. Darrough continues to have daily headaches, this scan is to f/u on her left frontal craniotomy with meningioma resection on 12/15/15; 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.

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.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.  
This is a request for a brain/head CT.; The study is requested for Hydrocephalus or congenital abnormality.

This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

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.

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."; The study is requested for headache.

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.

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.

This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.

This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

&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.; 01/26/16; It is not known if there has been any treatment or conservative therapy.; Pt suffers with headaches.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

constant pain, loss of balance, numbness and tingling. constant headache w/ aura, seizures.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Recommended by Neuroradiologist Dr. Vanessa Hardin, after reviewing her pervious MRI and PET scan, there is a possible residual 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.

Yes, this is a request for CT Angiography of the brain.

&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.; 01/26/16; It is not known if there has been any treatment or conservative therapy.; Pt suffers with headaches.

; This study is being ordered for a metastatic disease.; There are 2 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 severe scoliosis and severe ankylosing spondylitis and require surgical correction.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Weakness, pain and cervical radiculopathy.; Patient has seen a chiropractor

Recommended by Neuroradiologist Dr. Vanessa Hardin, after reviewing her pervious MRI and PET scan, there is a possible residual 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.

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 trauma or injury of the orbit, face or neck soft tissue

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.



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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 01/2015; There has not been any treatment or conservative therapy.;

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; ; This 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).

; 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)

; 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.

; 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 study is being ordered for a neurological disorder.; 5/6/2014; There has been treatment or conservative therapy.; Duration: date of onset: (2014) &#x0D; Frequency Constantly &#x0D; Severity: Average pain level over the last week 10/10 &#x0D; Location: Neck Both; Leg(s) Both; Arm(s) Both &#x0D; Quality: Aching; Sharp; Tingling; Numb &#x0D; Timing: Abrupt onset &#x0D; Context/Mechanism: other (Chia;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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.; 12/23/15; There has been treatment or conservative therapy.; Christie is here for an unscheduled office visit. She is 4-1/2 months out from her L5-S1 TLIF and laminectomy. She comes in today stating that she has been having recurring numbness in both hands and a stocking glove distribution for about the last 3 week; She is 4-1/2 months out from her L5-S1 TLIF and laminectomy  
ANNUAL FOLLOW UP; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

avm, hemorrhage; This 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).

Brain- check for any abnormalities- leg weakness/general weakness.&#x0D; &#x0D;  
LBP; This study is being ordered for a neurological disorder.; Nov 2015; There has been  
treatment or conservative therapy.; Low back pain/leg weakness/foot numbness;  
physical therapy/medicines/Lumbar epidural spine injections

CHECK FOR SHUNT MALFUNCTION AND EVALUATE THE TETHERED SPINAL CORD  
ALONG WITH ANY OTHER SPINAL ABNORMALITIES AS HE IS MAINLY WHEELCHAIR  
BOUND.; This study is being ordered for Congenital Anomaly.; 2/21/2010; There has  
been treatment or conservative therapy.; CT HEAD DEMONSTRATED THE LEFT  
OCCIPITAL HOLE IS SLIGHTLY BIGGER THAN IT WAS PREVIOUSLY.;  
MYELOMENINGOCELE REPAIRED, HAD VP SHUNT IMPLANTED, NEUROGENIC BOWEL  
AND BLADDER

CONTINUED FOLLOW UP; This study is being ordered for a neurological disorder.;  
11/2006; There has been treatment or conservative therapy.; SEIZURES, HEADACHES,  
NECK PAIN IN THE ANATOMIC CENTER OF NECK, SNORING; DIAZEPAM,  
OXCARBAZEPINE

CONTINUED 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.; 2004; There has been  
treatment or conservative therapy.; FOLLOW UP OF CHIARI MALFORMATION, SYRINX;  
CHIARI DECOMPRESSION X 3, OT, PT

Diagnosed Pilocytic astrocytoma follow up to Surgery done Oct 17 2011 checking for  
reoccurrence of tumor; 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.

FOLLOW UP FOR SHUNT MALFUNCTION; This study is being ordered for Congenital  
Anomaly.; 1/7/2015; There has been treatment or conservative therapy.; FEVER,  
FUSSINESS; SPINA BIFIDA CLOSURE AT BIRTH, SHUNTED HYDROCEPHALUS

MEMBER WITH HISTORY OF SEIZURES, AND CHOROID PLEXUS CYST.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.

need follow up MRI of brain. pt with known brain tumor and time for yearly MRI to make sure it isn't getting bigger.; 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.

Need to rule out demyelinating disease, tumor, mass, or cord compression.; This study is being ordered for a neurological disorder.; February 1, 2016; There has been treatment or conservative therapy.; Headache, neck pain, right arm numbness, weakness; Patient with physical therapy, gabapentin, flexeril, naproxen.

patient had recent mri of brain without contrast and a lesion was found in right parietal lobe, it is suspected calcification vs meningioma; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.

Patient has evidence of bilateral ulnar nerve compression on EMG. We will start with conservative treatments including bracing to see if this helps him with his symptoms. He will also need to modify his job duties. He has what is likely hydromyelia of the; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; 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.

Pituitary cyst, Radiculitis, cervical right, Degenerative disc disease cervical, tinnitus, blurred vision, neck pain, dizziness, tingling, tremors and headaches, nervous/anxious, insomnia, head swelling; 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.

post op; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Return of dull headaches post operative from Chiari I decompression and associated neck pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chiari I malformation diagnosed 20 years ago. She is post-operative from suboccipital Chiari decompression on 12/03/2015; There has been treatment or conservative therapy.; Patient with dull constant headache worse with activity. Reports nausea and neck pain. Reduced mobility of neck due to pain.;

She had MRI brain 12/31/2014 that demonstrates unchanged mass of the pituitary gland with no evidence of major optic nerve or chiasm impingement or other symptoms. She neurologically appears to be quite stable. She has been having a flurry of headaches ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

She has some cervical radiculopathy and neck pain which is still lingering. She does have some small disc bulges at C4-5 and C6-C7 changes on EMG probably related to her previous herniated disc. I don't think there is much we can do with that. She has ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; 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).

She is a Chiari patient; This 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).

She is here to go over the results of her recent MRI scans of her brain, cervical thoracic and lumbar spine. She continues to have upper, mid and lower back pain with variable dysesthesias into both upper extremities. She notices slight unsteadiness when ; 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.  
Spinal tumor. Pre-op.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

The key findings in her cervical, thoracic, and lumbar exam includes slight decreased range of motion of the cervical and lumbar spine about 10% in all planes otherwise, unremarkable. The rest of her detailed exam is normal and outlined above. &#x0D; &#x0D; Ms. Gh; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.



This 61-year-old female presents with intermittent episodes of electric shock like pain in the left side of her face. This runs beginning of the left V3 area down into the mandible and intermittently back up into her maxilla and nasolabial fold on the left; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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. This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; This study is being ordered for a tumor.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This 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.

This 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.

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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is being considered or a non-metalic shunt is not functioning correctly.; The patient has a congenital abnormality.

This request is for a Brain MRI; The study is NOT 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.

This request is for a Brain MRI; The study is NOT 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.

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.

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.

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.

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.

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.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.

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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is being ordered as a 12 month annual follow up.

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 an aneurysm.; This study is being ordered for neurological deficits.

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.

"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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

ABNORMAL MRI'S; This study is being ordered for a neurological disorder.; 3/26/16; There has not been any treatment or conservative therapy.; ABNORMAL MRI'S  
This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.  
; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; Neck and back pain, numbness in hand , spondylosis at 3 different levels;; PT, medications,

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 12/2014; There has been treatment or conservative therapy.; Back and neck pain, weakness; Surgery, anti inflammatory

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 12/2015; There has been treatment or conservative therapy.; back pain, neck pain, arm and leg weakness,; physical therapy, home exercises, anti-inflammatory medications

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 6/2014; There has been treatment or conservative therapy.; low back and neck pain bilateral arm n hip pain weakness; PT

&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.; 02/06/2016; It is not known if there has been any treatment or conservative therapy.; neck pain, left side lower back pain, numbness and tingling in arms and legs. Treated with physical therapy, oral medications, seen back on 04/21/2016, not any better.

&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.; 07/2015; There has been treatment or conservative therapy.; back pain; PT

&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.; 1/2014; There has been treatment or conservative therapy.; back pain neck pain ad arm and leg weakness difficulty amulating; PT/ anti inflammatory products pain meds/muscle relaxers

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

; 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.

Based on the MRI and X-Ray from May 2015 she has a pronounced thoracic kyphosis with the apex of the curve at approximately T8.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2014; There has not been any treatment or conservative therapy.; Neck and thoracic pain.

FRACTURE AT C6 WITH MRI SHOWING SIGNIFICANT DISK HERNIATION AND THE PATIENT HAVING SEVERE MYELOPATHY.; This study is being ordered for trauma or injury.; 03/29/2016; There has been treatment or conservative therapy.; SEVERE WEAKNESS OF HIS LOWER EXTRMITIES, SEVERE WEAKNESS OF THE LEFT UPPER EXTREMITY. HE HAS HYPER REFLEXES INDICATIVE OF MYELOPATHY. SENSORY LOSS IS NOTED AS WELL.; PATIENT HAD SURGERY ON 04/02/2016 DUE TO TRAUMA

HPI Comments: 59 y/o female here today for follow up evaluation. Had a C4-6 ACDF in 2014. Had some neck pain and radiculopathy after surgery. That has improved from baseline but she continues to have some neck pain, arm tingling, and occasional difficulty; This study is 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 a C4-6 ACDF in 2014. Had some neck pain and radiculopathy after surgery.; There has not been any treatment or conservative therapy.; some neck pain, arm tingling, and occasional difficulty walking

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 experiencing cervical neck pain not improving despite treatment.

neck pain, sagging, pain radiating to specular region; 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.

Need to follow up on fracture of the occipital and also the T spine; This study is being ordered for trauma or injury.; 10/2015; There has been treatment or conservative therapy.; continued localized thoracic stabbing pain despite TLSO brace. Aggravating factors include moving arms above head/removing TLSO brace. Relieving factors include brace/pain medications. Associated symptoms include localized thoracic pain.; kyphoplasty 2/2/16

Onset: 25 years ago. The problem is severe. Duration: varies. The problem has worsened. The frequency of pain is constant. Location of pain is left posterior neck, left shoulder and bilateral mid back. The patient describes the pain as aching, burni; This study is being ordered for trauma or injury.; 2005; There has been treatment or conservative therapy.; low back pain, n/t BLE; PT

PATIENT COMES IN WITH COMPLAINTS OF SEVERE NECK PAIN AND PAIN RADIATING DOWN HER ARM. THE MRI SHE HAD CLEARLY SHOW SEVERE FORAMINAL STENOSIS AND ALSO CERVICAL CANAL STENOSIS.; 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.



Patient had previous surgery and we're evaluating hardware and the bony anatomy prior to surgery. Severe pain in the past several months, and right arm radiculopathy. - 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; This study is being ordered due to pre-operative evaluation.; There is no known condition of tumor, infection, or neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.

Patient has severe scoliosis and severe ankylosing spondylitis and require surgical correction.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Weakness, pain and cervical radiculopathy.; Patient has seen a chiropractor

PATIENT PRESENT WITH RECENT MRI OF HER CERVICAL SPINE ALONG WITH COMPLAINTS OF SEVERE PAIN AND STIFFNESS. PAIN PRIMARILY PRESENTS ON HER RIGHT SIDE, SHE ALSO HAS COMPLAINTS OF SHARP SHOOTING PAIN UP INTO THE RIGHT SIDE OF HER HEAD. PATIENT CAN NOT LOOK DO; 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.

physician is looking for possible spine fluid leakage; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4-29-16; There has been treatment or conservative therapy.; patient is having dizziness and dyspnea after a Anterior Cervical Fusion; anti-inflammatory medicines and pain medications

R/O ADEMMA; 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.

r/o nerve root compression - studies being done in part of myelgram; This study is being ordered for a neurological disorder.; ongoing since 12/1/2015; There has been treatment or conservative therapy.; back and neck pain radiates into extremities n/t also noted - injections; OTC nsaid PT and Traction

SHE IS MORE SEVERE PAIN THAN SHE WAS DURING HER FIRST INITIAL VISIT. HER EMG/NCV SHOWS THAT SHE HAD MILD ABNORMALITY OF THE RIGHT LEG SUGGESTIVE OF THE PRESENCE OF AN L5 RADICULOPATHY. HER XRAY OF THE CERVICAL SPINE SHOWED STATUS POST ACDF FROM C5/7 WITH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015-4-2; There has been treatment or conservative therapy.; SHARP SHOOTING PAIN FROM HER BACK DOWN HER LEG TO THE OUTSIDE OF HER FOOT, ALONG WITH DISTURBED BALANCE, EXTREMITY WEAKNESS, SPASMS, NUMBNESS IN EXTREMITIES, LOSS OF BALANCE, AS WELL AS LEG NUMBNESS.; PATIENT HAS HAD EMG AND NCV STUDIES AND HAS BEEN PRESCRIBED MEDICATION.

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, &#x0D; Bowel or bladder dysfunction, Evidence of new foot drop, etc...

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.

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 Bowel or bladder dysfunction.

The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of a recent fracture on previous imaging studies.

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.

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.

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.

This is a patient that underwent a C3-7 decompression and fusion in 9/2015 who was doing well until he developed new N/T and pain in his right shoulder and arm about 2.5 months ago. He is not myelopathic on exam. He has trace right grip weakness. His MRI ; 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.

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.

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 a new foot drop.; There is a known condition of neurological deficits.; 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 pre-operative evaluation.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a known condition of neurological deficits.; 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 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.

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 12/2014; There has been treatment or conservative therapy.; Back and neck pain, weakness; Surgery, anti inflammatory

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 12/2015; There has been treatment or conservative therapy.; back pain, neck pain, arm and leg weakness,; physical therapy, home exercises, anti-inflammatory medications

; This study is being ordered for a neurological disorder.; HPI: Billy W Reed is a pleasant 52 y.o. gentleman who suffered a MVC in 2004 resulting in a fracture at L1. Patient had surgery followed by 1 revision and continues to have back and left leg pain in the anterior thigh along with numbness. He states his ba; There has been treatment or conservative therapy.; Chief Complaint: back and left leg pain &#x0D; &#x0D; &#x0D; HPI: Billy W Reed is a pleasant 52 y.o. gentleman who suffered a MVC in 2004 resulting in a fracture at L1. Patient had surgery followed by 1 revision and continues to have back and left leg pain in the anteri; A/P: 52 y.o. m w/ recurrent back pain s/p 2 lumbar spinal fusion surgeries. Patient is a poor candidate for surgery. Radicular pain on left side with proximal weakness and back pain distal to previous fusion. &#x0D; - CT thoracic and lumbar at home&#x0D; - scolio

Based on the MRI and X-Ray from May 2015 she has a pronounced thoracic kyphosis with the apex of the curve at approximately T8.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2014; There has not been any treatment or conservative therapy.; Neck and thoracic pain.

Need to follow up on fracture of the occipital and also the T spine; This study is being ordered for trauma or injury.; 10/2015; There has been treatment or conservative therapy.; continued localized thoracic stabbing pain despite TLSO brace. Aggravating factors include moving arms above head/removing TLSO brace. Relieving factors include brace/pain medications. Associated symptoms include localized thoracic pain.; kyphoplasty 2/2/16

Patient has a T4 fracture that he sustained when he fell on ice in January 2016. This is a 2 month followup to check on the healing of the fracture.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.

This is a patient that underwent a C3-7 decompression and fusion in 9/2015 who was doing well until he developed new N/T and pain in his right shoulder and arm about 2.5 months ago. He is not myelopathic on exam. He has trace right grip weakness. His MRI ; 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.

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.

This is a request for a thoracic spine CT.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.

This is a request for a thoracic spine CT.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; Neck and back pain, numbness in hand , spondylosis at 3 different levels,; PT, medications,

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 12/2014; There has been treatment or conservative therapy.; Back and neck pain, weakness; Surgery, anti inflammatory

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 12/2015; There has been treatment or conservative therapy.; back pain, neck pain, arm and leg weakness,; physical therapy, home exercises, anti-inflammatory medications

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 6/2014; There has been treatment or conservative therapy.; low back and neck pain bilateral arm n hip pain weakness; PT

&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.; 07/2015; There has been treatment or conservative therapy.; back pain; PT

&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.; 1/2014; There has been treatment or conservative therapy.; back pain neck pain ad arm and leg weakness difficulty amulating; PT/ anti inflammatory products pain meds/muscle relaxers

&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.; 10/2015; There has been treatment or conservative therapy.; back pain; pain management

&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.; 2012; There has not been any treatment or conservative therapy.; neck pain, back pain, decreased range of motion, nerve pain, numbness, tingling ; This study is being ordered for a neurological disorder.; 1/11/2016; There has been treatment or conservative therapy.; Neck pain, back pain, and radiculopathy; PT, injections, medication and home exercise

; This study is being ordered for a neurological disorder.; HPI: Billy W Reed is a pleasant 52 y.o. gentleman who suffered a MVC in 2004 resulting in a fracture at L1. Patient had surgery followed by 1 revision and continues to have back and left leg pain in the anterior thigh along with numbness. He states his ba; There has been treatment or conservative therapy.; Chief Complaint: back and left leg pain &#x0D; &#x0D; &#x0D; HPI: Billy W Reed is a pleasant 52 y.o. gentleman who suffered a MVC in 2004 resulting in a fracture at L1. Patient had surgery followed by 1 revision and continues to have back and left leg pain in the anteri; A/P: 52 y.o. m w/ recurrent back pain s/p 2 lumbar spinal fusion surgeries. Patient is a poor candidate for surgery. Radicular pain on left side with proximal weakness and back pain distal to previous fusion. &#x0D; - CT thoracic and lumbar at home&#x0D; - scolio

; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; Location: Patient presents today with pain in her hip/ SI joints. The pain is worse on the right side. The remainder of the spine pain is much improved compared to pre-op. She was going to have an SI joint fusion at Mercy but her insurance is out of ne;



; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/23/15; There has been treatment or conservative therapy.; Christie is here for an unscheduled office visit. She is 4-1/2 months out from her L5-S1 TLIF and laminectomy. She comes in today stating that she has been having recurring numbness in both hands and a stocking glove distribution for about the last 3 week; She is 4-1/2 months out from her L5-S1 TLIF and laminectomy ; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Based on the MRI and X-Ray from May 2015 she has a pronounced thoracic kyphosis with the apex of the curve at approximately T8.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2014; There has not been any treatment or conservative therapy.; Neck and thoracic pain.

HPI Comments: 59 y/o female here today for follow up evaluation. Had a C4-6 ACDF in 2014. Had some neck pain and radiculopathy after surgery. That has improved from baseline but she continues to have some neck pain, arm tingling, and occasional difficulty; This study is 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 a C4-6 ACDF in 2014. Had some neck pain and radiculopathy after surgery.; There has not been any treatment or conservative therapy.; some neck pain, arm tingling, and occasional difficulty walking physician is looking for possible spine fluid leakage; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4-29-16; There has been treatment or conservative therapy.; patient is having dizziness and dyspnea after a Anterior Cervical Fusion; anti-inflammatory medicines and pain medications

r/o nerve root compression - studies being done in part of myelogram; This study is being ordered for a neurological disorder.; ongoing since 12/1/2015; There has been treatment or conservative therapy.; back and neck pain radiates into extremities n/t also noted - injections; OTC nsoids PT and Traction

SHE IS MORE SEVERE PAIN THAN SHE WAS DURING HER FIRST INITIAL VISIT. HER EMG/NCV SHOWS THAT SHE HAD MILD ABNORMALITY OF THE RIGHT LEG SUGGESTIVE OF THE PRESENCE OF AN L5 RADICULOPATHY. HER XRAY OF THE CERVICAL SPINE SHOWED STATUS POST ACDF FROM C5/7 WITH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015-4-2; There has been treatment or conservative therapy.; SHARP SHOOTING PAIN FROM HER BACK DOWN HER LEG TO THE OUTSIDE OF HER FOOT, ALONG WITH DISTURBED BALANCE, EXTREMITY WEAKNESS, SPASMS, NUMBNESS IN EXTREMITIES, LOSS OF BALANCE, AS WELL AS LEG NUMBNESS.; PATIENT HAS HAD EMG AND NCV STUDIES AND HAS BEEN PRESCRIBED MEDICATION.

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.

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.

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 01/2015; There has not been any treatment or conservative therapy.;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 05/18/2015; There has been treatment or conservative therapy.; Neck and thoracic pain; numbness; also lower back issues; anti-inflammatories; muscle relaxers; past injections and PT ordered by PCP

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 11/2015; There has been treatment or conservative therapy.; Neck and left arm shoulder pain numbness, and leg numbness with right being worse than left.; medication and steroid injection.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&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.; 01/01/15; There has been treatment or conservative therapy.; Numbness and tingling down arms, and both legs; Surgery on neck, xrays and injections on back, medications

&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.; 01/26/2015; There has been treatment or conservative therapy.; neck and right upper extremity pain, burning, numbness. &#xOD; back pain, leg pain, tingling; block on lower back, cervical spine surgery

&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.; 10/13/15; There has been treatment or conservative therapy.; Neck pain and Radiation Back pain and radiating to the back of bilateral legs; PT injections and medications

&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.; 2012; There has not been any treatment or conservative therapy.; neck pain, back pain, decreased range of motion, nerve pain, numbness, tingling

&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.; August 2010; There has been treatment or conservative therapy.; Pain New symptoms since 2012 Radiating to left hip Trouble walking; Hydrocodone Steroid dose pack Home exercise

&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.; Oct. 2014; There has been treatment or conservative therapy.; Pain in left shoulder, ache in right hand and spine.; Meds Flexerall, Lisinopril, Morphine sulphate, Oxycodone.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 8/22/15; There has been treatment or conservative therapy.; severe pain left foot weakness axial back pain intermitant hip pain groin pain and bylateral arm weakness and pain; lumbar radio frequency/

; 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 study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

; 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.; 1/11/2016; There has been treatment or conservative therapy.; Neck pain, back pain, and radiculopathy; PT, injections, medication and home exercise

; This study is being ordered for a neurological disorder.; 4/1/16. Date of surgery.; There has been treatment or conservative therapy.; pain in neck and left shoulder; Medrol Dosepak after surgery. Gave on 4/11/16 and saw back 4/18/16 with no improvement

; This study is being ordered for a neurological disorder.; 5/6/2014; There has been treatment or conservative therapy.; Duration: date of onset: (2014) &#x0D; Frequency Constantly &#x0D; Severity: Average pain level over the last week 10/10 &#x0D; Location: Neck Both; Leg(s) Both; Arm(s) Both &#x0D; Quality: Aching; Sharp; Tingling; Numb &#x0D; Timing: Abrupt onset &#x0D; Context/Mechanism: other (Chia;

; This study is being ordered for Congenital Anomaly.; ; 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.; ; 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.; ; 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.; 04/14/2016; There has not been any treatment or conservative therapy.; Radicular symptoms on left side, cervical and thoracic pain, decreased motor strength.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/25/15; It is not known if there has been any treatment or conservative therapy.; He is 6 weeks out from discectomy at T8-T9. He's doing much better. He had quite a lot of pain in the first week after surgery but it has steadily declined since then. He still notices some numbness and tingling across the lower lumbar spine as well as so

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/23/15; There has been treatment or conservative therapy.; Christie is here for an unscheduled office visit. She is 4-1/2 months out from her L5-S1 TLIF and laminectomy. She comes in today stating that she has been having recurring numbness in both hands and a stocking glove distribution for about the last 3 week; She is 4-1/2 months out from her L5-S1 TLIF and laminectomy

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states years.; There has been treatment or conservative therapy.; Reported by patient. &#x0D; Duration: years &#x0D; Frequency Frequently &#x0D; Severity: Average pain level over the last week 8/10 &#x0D; Location: headache &#x0D; Quality: Dull; Stabbing &#x0D; Timing: Abrupt onset &#x0D; Context/Mechanism: Cannot identify &#x0D; Aggravating Factors: Cannot i; She is a chiari patient.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

ANNUAL FOLLOW UP; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Based on her MRI and X-Ray from May 2015 she has a pronounced thoracic kyphosis with the apex of the curve at approximately T8.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2014; There has not been any treatment or conservative therapy.; Neck and thoracic pain

Cervical MRI: Patient has been experiencing symptoms of cervical myelopathy. Symptoms include. Incoordination, loss of balance. She has a history of falling. She is having difficulty with holding and grasping items. She has a difficult time with buttons/z; This study is being ordered for a neurological disorder.; Symptoms have been gradually worse for 1 year; There has been treatment or conservative therapy.; She is showing signs of myelopathy. Dropping items in her hands, gait disturbance, falling, incoordination; Thoracic spine she had a T4 kyphoplasty. &#x0D; &#x0D; No conservative management on her cervical spine

CHECK FOR SHUNT MALFUNCTION AND EVALUATE THE TETHERED SPINAL CORD ALONG WITH ANY OTHER SPINAL ABNORMALITIES AS HE IS MAINLY WHEELCHAIR BOUND.; This study is being ordered for Congenital Anomaly.; 2/21/2010; There has been treatment or conservative therapy.; CT HEAD DEMONSTRATED THE LEFT OCCIPITAL HOME IS SLIGHTLY BIGGER THAN IT WAS PREVIOUSLY.; MYELOMENINGOCELE REPAIRED, HAD VP SHUNT IMPLANTED, NEUROGENIC BOWEL AND BLADDER

constant pain, loss of balance, numbness and tingling. constant headache w/ aura, seizures.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

CONTINUED FOLLOW UP; This study is being ordered for a neurological disorder.; 11/2006; There has been treatment or conservative therapy.; SEIZURES, HEADACHES, NECK PAIN IN THE ANATOMIC CENTER OF NECK, SNORING; DIAZEPAM, OXCARBAZEPINE



CONTINUED 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.; 2004; There has been treatment or conservative therapy.; FOLLOW UP OF CHIARI MALFORMATION, SYRINX; CHIARI DECOMPRESSION X 3, OT, PT

FOLLOW UP FOR SHUNT MALFUNCTION; This study is being ordered for Congenital Anomaly.; 1/7/2015; There has been treatment or conservative therapy.; FEVER, FUSSINESS; SPINA BIFIDA CLOSURE AT BIRTH, SHUNTED HYDROCEPHALUS

FRACTURE AT C6 WITH MRI SHOWING SIGNIFICANT DISK HERNIATION AND THE PATIENT HAVING SEVERE MYELOPATHY.; This study is being ordered for trauma or injury.; 03/29/2016; There has been treatment or conservative therapy.; SEVERE WEAKNESS OF HIS LOWER EXTRMITIES, SEVERE WEAKNESS OF THE LEFT UPPER EXTREMITY. HE HAS HYPER REFLEXES INDICATIVE OF MYELOPATHY. SENSORY LOSS IS NOTED AS WELL.; PATIENT HAD SURGERY ON 04/02/2016 DUE TO TRAUMA

I spoke with the patient and he complains of pain in his neck and bilateral arms, left worse than the right. He states he has intermittent numbness and tingling in bilateral arms, worse on the left. His left arm "feels real heavy". He states that he saw n; 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.

Need to rule out demyelinating disease, tumor, mass, or cord compression.; This study is being ordered for a neurological disorder.; February 1, 2016; There has been treatment or conservative therapy.; Headache, neck pain, right arm numbness, weakness; Patient with physical therapy, gabapentin, flexeril, naproxen.

old mri showed disc herniation in the lumbar, weak in the grip strength; This study is being ordered for a neurological disorder.; 11/2015; There has been treatment or conservative therapy.; back and neck pain, arm weakness, leg weakness, numbness and tingling of the extremities; physical therapy, tramadol, over the counter nsids

Patient has a history of NF who presents with main complaint of low back pain. He also reports left lateral leg pain and N/T in his right hand. He is grossly myelopathic on exam. His MRI lumbar spine w/o shows scalloping of the lumbar vertebra, possible l; This study is being ordered for a neurological disorder.; He states he has been having low back pain for about 10 years and it has progressively worsened in the last 3 years. He also complains of intermittent right arm pain and numbness that has been present for three years.; There has been treatment or conservative therapy.; Patient has a history of NF who presents with main complaint of low back pain. He also reports left lateral leg pain and N/T in his right hand. He is grossly myelopathic on exam. His MRI lumbar spine w/o shows scalloping of the lumbar vertebra, possible l; He has been treated by a chiropractor which he states gave him no relief. He is taking OTC medications for his pain which gives him very mild, temporary relief.

patient is starting left leg numbness.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Patient was in a accident and the last and has left shoulder and arm pain. Radiating to shoulder and to the arm.; This is a request for cervical 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.; There is not x-ray evidence of a recent cervical spine fracture.

Return of dull headaches post operative from Chiari I decompression and associated neck pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chiari I malformation diagnosed 20 years ago. She is post-operative from suboccipital Chiari decompression on 12/03/2015; There has been treatment or conservative therapy.; Patient with dull constant headache worse with activity. Reports nausea and neck pain. Reduced mobility of neck due to pain.; Spinal tumor. Pre-op.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

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.

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.

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.

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.

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.

The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Patient has a diagnosed meningioma and spondylosis

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

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

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

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.

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.

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.

This is a request for cervical spine MRI; Neurological deficits; The patient had a Posterior cervical decompression from C3 to C7 with fusion from C4 to C6 with right foraminotomies at C5-6 and C6-7 by Dr Rubin on 9/2/16. The patient is now having pain in his right shoulder blade down his arm that is intermidient that i; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

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.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction.

This is a request for cervical spine MRI; None of the above; Pt with history of chiari malformation experiencing neck and arm pain and arm numbness. Pt referred to Dr Raja for neurosurgical evaluation; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; None of the above; Pt with MRI brain evidence of low-lying cerebellar tonsils. MRI C Spine needed to evaluate for Chiari Malformation; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; None of the above; re-evaluating chiari 1 malformation, headaches, left sided numbness/tingling; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; 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.

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.

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.

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.

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.

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.

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.; &lt;Enter Additional Clinical Information&gt;

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.; Tingling H/A

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

This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; No, there are no documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; No, there is not a laboratory or x-ray evidence of an infected disc, septic arthritis or “discitis”.; Yes, there is laboratory or x-ray evidence of a paraspinal abscess.

This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; No, there are no documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; Yes, there is a laboratory or x-ray evidence of an infected disc, septic arthritis or “discitis”.

TO RULE OUT SYRINX AND OTHER SPINAL ABNORMALITIES; This study is being ordered for a neurological disorder.; AUGUST 2015; There has not been any treatment or conservative therapy.; LEFT RETINAL HEMORRHAGE, SEVERE HEADACHES, MRI BRAIN 3/24/16 SHOWED CHIARI I MALFORMATION, MRI ENTIRE SPINE RECOMMENDED TO RULE OUT SYRINX AND OTHER SPINAL ABNORMALITIES.

Unable to stand for long periods unable to elevate arms above shoulders abn straight leg raise abn limited ROM; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Back and neck pain bilateral arm weakness left leg pain; S/P surgery rx medication PT 3-6 weeks



Worsening symptoms since seen in June 2015. Now has positive Hoffmans bilaterally that was not present on last exam.; This study is 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.; Symptoms have been progressive over the past three to four months. She continues to have neck pain as well as right upper extremity pain which runs from the shoulder to her hand. She is also complaining of numbness and tingling affecting the hands bilat

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 05/18/2015; There has been treatment or conservative therapy.; Neck and thoracic pain; numbness; also lower back issues; anti-inflammatories; muscle relaxers; past injections and PT ordered by PCP

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 11/2011; There has been treatment or conservative therapy.; low and mid back pain; PT and anti-inflammatories  
; 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 study is being ordered for a neurological disorder.; ; 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.; ; 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.; ; 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.; 04/14/2016; There has not been any treatment or conservative therapy.; Radicular symptoms on left side, cervical and thoracic pain, decreased motor strength.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/29/12; It is not known if there has been any treatment or conservative therapy.; Ms. Adcock is a 77-year-old female referred to the neurosurgery clinic by Dr. Johnson. She resides in Bryant. She presents with long-standing chronic posterior neck pain that she has had for a number of years. She also has chronic right shoulder and back

ANNUAL FOLLOW UP; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Based on her MRI and X-Ray from May 2015 she has a pronounced thoracic kyphosis with the apex of the curve at approximately T8.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2014; There has not been any treatment or conservative therapy.; Neck and thoracic pain

Cervical MRI: Patient has been experiencing symptoms of cervical myelopathy. Symptoms include. Incoordination, loss of balance. She has a history of falling. She is having difficulty with holding and grasping items. She has a difficult time with buttons/z; This study is being ordered for a neurological disorder.; Symptoms have been gradually worse for 1 year; There has been treatment or conservative therapy.; She is showing signs of myelopathy. Dropping items in her hands, gait disturbance, falling, incoordination; Thoracic spine she had a T4 kyphoplasty. &#x0D; &#x0D; No conservative management on her cervical spine

CHECK FOR SHUNT MALFUNCTION AND EVALUATE THE TETHERED SPINAL CORD ALONG WITH ANY OTHER SPINAL ABNORMALITIES AS HE IS MAINLY WHEELCHAIR BOUND.; This study is being ordered for Congenital Anomaly.; 2/21/2010; There has been treatment or conservative therapy.; CT HEAD DEMONSTRATED THE LEFT OCCIPITAL HOLE IS SLIGHTLY BIGGER THAN IT WAS PREVIOUSLY.; MYELOMENINGOCELE REPAIRED, HAD VP SHUNT IMPLANTED, NEUROGENIC BOWEL AND BLADDER

CONTINUED 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.; 2004; There has been treatment or conservative therapy.; FOLLOW UP OF CHIARI MALFORMATION, SYRINGA; CHIARI DECOMPRESSION X 3, OT, PT

enlarging cyst in lumbar spine&#x0D; Location: Patient found to have the cyst 3 years ago when she was being worked up for back pain. Patient has numbness from the buttocks to the little toe on the right side. She has some slight burning nerve pain under the r; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

FOLLOW UP FOR SHUNT MALFUNCTION; This study is being ordered for Congenital Anomaly.; 1/7/2015; There has been treatment or conservative therapy.; FEVER, FUSSINESS; SPINA BIFIDA CLOSURE AT BIRTH, SHUNTED HYDROCEPHALUS

It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Thoracic pain in a Chiari patient

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.

L1 & 27 fracture from a ct; This study is being ordered for trauma or injury.; 05/10/2016; There has been treatment or conservative therapy.; back pain; medications

Ms. Lincoln returns 18 weeks post-discharge from her inpatient stay for lumbar epidural abscess and appears to be experiencing some new thoracic and lumbar radicular pain. I believe he may benefit from muscle relaxers and a short course of physical ther; This study is being ordered for Inflammatory/ Infectious Disease.; 07/2015; There has been treatment or conservative therapy.; worsening back pain, described as sharp, stabbing, shooting over the last 6 weeks. Radiation of pain is under both breasts, bilateral upper abdomen and bilateral lateral thighs and left medial thigh. Symptoms are aggravated by all positions and improv; iv antibiotics

Patient could potentially have a lesion higher 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.; Unknown; There has been treatment or conservative therapy.; Lower back pain radiates into left lower extremity, numbness and tingling in left groin region and anterior thigh; Pain management- Epidural steroid injections

Patient has a history of NF who presents with main complaint of low back pain. He also reports left lateral leg pain and N/T in his right hand. He is grossly myelopathic on exam. His MRI lumbar spine w/o shows scalloping of the lumbar vertebra, possible I; This study is being ordered for a neurological disorder.; He states he has been having low back pain for about 10 years and it has progressively worsened in the last 3 years. He also complains of intermittent right arm pain and numbness that has been present for three years.; There has been treatment or conservative therapy.; Patient has a history of NF who presents with main complaint of low back pain. He also reports left lateral leg pain and N/T in his right hand. He is grossly myelopathic on exam. His MRI lumbar spine w/o shows scalloping of the lumbar vertebra, possible I; He has been treated by a chiropractor which he states gave him no relief. He is taking OTC medications for his pain which gives him very mild, temporary relief.

patient is starting left leg numbness.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Spinal tumor. Pre-op.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Ms Williams is a 29 year old that has been having low back pain for about 10 years. She previously worked as a CNA. She has a burning pain bilaterally at her bra strap level that is constant. She has a shooting pain down into her hips and has "catches" th; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.

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.

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.

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.

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.

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.

The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; There is a known condition of tumor.; The study is being ordered due to pre-operative evaluation.; Follow-up

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.;

This is a request for a thoracic spine MRI.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits."; The study is being ordered due to pre-operative evaluation.; Patient is having thoracic pain and had an MRI of lumbar spine that incidentally Dr Campbell notes on the scout images what appears to be a fairly large central T7T8 disc herniation

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.

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.

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.

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.

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.

This is a request for a thoracic spine MRI.; There is a known condition of neurological deficits.; The study is being ordered due to pre-operative evaluation.; Pt with history of chiari 1 malformation and cervicothoracic syringomyelia; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

TO RULE OUT SYRINX AND OTHER SPINAL ABNORMALITIES; This study is being ordered for a neurological disorder.; AUGUST 2015; There has not been any treatment or conservative therapy.; LEFT RETINAL HEMORRHAGE, SEVERE HEADACHES, MRI BRAIN 3/24/16 SHOWED CHIARI I MALFORMATION, MRI ENTIRE SPINE RECOMMENDED TO RULE OUT SYRINX AND OTHER SPINAL ABNORMALITIES.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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.; &lt;Document exam findings&gt;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left leg weakness with numbness into 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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 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.



&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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  
&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 11/2015; There has been treatment or conservative therapy.; Neck and left arm shoulder pain numbness, and leg numbness with right being worse than left.; medication and steroid injection.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;  
&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.; 01/01/15; There has been treatment or conservative therapy.; Numbness and tingling down arms, and both legs; Surgery on neck, xrays and injections on back, medications

&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.; 01/26/2015; There has been treatment or conservative therapy.; neck and right upper extremity pain, burning, numbness. &#x0D; back pain, leg pain, tingling; block on lower back, cervical spine surgery

&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.; 10/2015; There has been treatment or conservative therapy.; back pain; pain management

&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.; August 2010; There has been treatment or conservative therapy.; Pain New symptoms since 2012 Radiating to left hip Trouble walking; Hydrocodone Steroid dose pack Home exercise

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 11/2011; There has been treatment or conservative therapy.; low and mid back pain; PT and anti-inflammatories

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 8/22/15; There has been treatment or conservative therapy.; severe pain left foot weakness axial back pain intermitant hip pain groin pain and bylateral arm weakness and pain; lumbar radio frequency/

; 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.; 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.; His primary care doctor gave him a sheet of exercises to do months ago about 1/20/16.; Hydrocodone&#x0D; Mobic&#x0D; Norco&#x0D; Oxycodone&#x0D; Tizanidine

; 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.

; The study 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.; Karen is now 62 years old. She is here in the neurosurgery clinic in follow-up of chronic lower back pain with radiating pain into the left lower extremity. When we last saw her in March, some 8 months ago, we were working on getting her scheduled for dec; 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.

; 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.

; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; Location: Patient presents today with pain in her hip/ SI joints. The pain is worse on the right side. The remainder of the spine pain is much improved compared to pre-op. She was going to have an SI joint fusion at Mercy but her insurance is out of ne;

; This study is being ordered for Congenital Anomaly.; ; 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.; ; 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.; ; 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.; 10/29/12; It is not known if there has been any treatment or conservative therapy.; Ms. Adcock is a 77-year-old female referred to the neurosurgery clinic by Dr. Johnson. She resides in Bryant. She presents with long-standing chronic posterior neck pain that she has had for a number of years. She also has chronic right shoulder and 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.; Patient states years.; There has been treatment or conservative therapy.; Reported by patient. &#x0D; Duration: years &#x0D; Frequency Frequently &#x0D; Severity: Average pain level over the last week 8/10 &#x0D; Location: headache &#x0D; Quality: Dull; Stabbing &#x0D; Timing: Abrupt onset &#x0D; Context/Mechanism: Cannot identify &#x0D; Aggravating Factors: Cannot i; She is a chiari patient.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

ANNUAL FOLLOW UP; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Based on her MRI and X-Ray from May 2015 she has a pronounced thoracic kyphosis with the apex of the curve at approximately T8.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2014; There has not been any treatment or conservative therapy.; Neck and thoracic pain

Brain- check for any abnormalities- leg weakness/general weakness.&#x0D; &#x0D; LBP; This study is being ordered for a neurological disorder.; Nov 2015; There has been treatment or conservative therapy.; Low back pain/leg weakness/foot numbness; physical therapy/medicines/Lumbar epidural spine injections

CHECK FOR SHUNT MALFUNCTION AND EVALUATE THE TETHERED SPINAL CORD ALONG WITH ANY OTHER SPINAL ABNORMALITIES AS HE IS MAINLY WHEELCHAIR BOUND.; This study is being ordered for Congenital Anomaly.; 2/21/2010; There has been treatment or conservative therapy.; CT HEAD DEMONSTRATED THE LEFT OCCIPITAL HOME IS SLIGHTLY BIGGER THAN IT WAS PREVIOUSLY.; MYELOMENINGOCELE REPAIRED, HAD VP SHUNT IMPLANTED, NEUROGENIC BOWEL AND BLADDER

CONTINUED 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.; 2004; There has been treatment or conservative therapy.; FOLLOW UP OF CHIARI MALFORMATION, SYRINX; CHIARI DECOMPRESSION X 3, OT, PT

Decreased strength in bilateral legs, suspects disc herniation and stenosis.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

enlarging cyst in lumbar spine; Location: Patient found to have the cyst 3 years ago when she was being worked up for back pain. Patient has numbness from the buttocks to the little toe on the right side. She has some slight burning nerve pain under the r; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Enter answer here - or Type In Unknown If No Info Give; ; This is a six month follow up of a benign lipomatous lesion at the L3 level; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

FOLLOW UP FOR SHUNT MALFUNCTION; This study is being ordered for Congenital Anomaly.; 1/7/2015; There has been treatment or conservative therapy.; FEVER, FUSSINESS; SPINA BIFIDA CLOSURE AT BIRTH, SHUNTED HYDROCEPHALUS

He reports today weakness of his right lower extremity with onset approximately 2 weeks ago. On exam he has 4/5 strength in his right hip flexion. He reports occasional cramping in the right thigh. We will get an MR L-spine and make future recommendations; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient is a 42 year old man who presents for his scheduled 3 month follow up appointment after clipping of unruptured aneurysms of the origin of the right fetal posterior cerebral artery and of a bilobed aneurysm of the bifurcation of the superior di; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

L1 & 27 fracture from a ct; This study is being ordered for trauma or injury.; 05/10/2016; There has been treatment or conservative therapy.; back pain; medications

Lumbar Surgery on march 30th.. patient is presenting new symptoms; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Ms Alexander presents with recurrent sciatic pain in the right leg that began in May 2014. Initially she did well from a Decompression at L4-S1 and Fusion at L4/5 and L5/S1 in January 2014. She has had epidural injections without significant relief. Most ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Ms. Lincoln returns 18 weeks post-discharge from her inpatient stay for lumbar epidural abscess and appears to be experiencing some new thoracic and lumbar radicular pain. I believe he may benefit from muscle relaxers and a short course of physical ther; This study is being ordered for Inflammatory/ Infectious Disease.; 07/2015; There has been treatment or conservative therapy.; worsening back pain, described as sharp, stabbing, shooting over the last 6 weeks. Radiation of pain is under both breasts, bilateral upper abdomen and bilateral lateral thighs and left medial thigh. Symptoms are aggravated by all positions and improv; iv antibiotics

old mri showed disc herniation in the lumbar, weak in the grip strength; This study is being ordered for a neurological disorder.; 11/2015; There has been treatment or conservative therapy.; back and neck pain, arm weakness, leg weakness, numbness and tingling of the extremities; physical therapy, tramadol, over the counter nsids

Onset: 25 years ago. The problem is severe. Duration: varies. The problem has worsened. The frequency of pain is constant. Location of pain is left posterior neck, left shoulder and bilateral mid back. The patient describes the pain as aching, burni; This study is being ordered for trauma or injury.; 2005; There has been treatment or conservative therapy.; low back pain, n/t BLE; PT

Patient could potentially have a lesion higher 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.; Unknown; There has been treatment or conservative therapy.; Lower back pain radiates into left lower extremity, numbness and tingling in left groin region and anterior thigh; Pain management- Epidural steroid injections

Patient has a history of NF who presents with main complaint of low back pain. He also reports left lateral leg pain and N/T in his right hand. He is grossly myelopathic on exam. His MRI lumbar spine w/o shows scalloping of the lumbar vertebra, possible l; This study is being ordered for a neurological disorder.; He states he has been having low back pain for about 10 years and it has progressively worsened in the last 3 years. He also complains of intermittent right arm pain and numbness that has been present for three years.; There has been treatment or conservative therapy.; Patient has a history of NF who presents with main complaint of low back pain. He also reports left lateral leg pain and N/T in his right hand. He is grossly myelopathic on exam. His MRI lumbar spine w/o shows scalloping of the lumbar vertebra, possible l; He has been treated by a chiropractor which he states gave him no relief. He is taking OTC medications for his pain which gives him very mild, temporary relief.

Patient has low back pain that is constant and worsening. She complains of falling and of left 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

patient is starting left leg numbness.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

PATIENT IS STILL COMPLAINING OF PAIN AFTER SURGERY AND NOW PRESENTS WITH MUSCLE SPASMS (MORE ON THE RIGHT THAN LEFT); The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Patient was in a car accident and is now experiencing low back pain with pain radiating into his left leg. Patient can't sit for long periods nor can he bend forward significant pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above



Possible spine surgery for fusion; The study 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.; central disc herniation L4-5 as well as L5-S1. Patient presents today with an increased symptoms. Instead of having pain in bilateral anterior thighs now is having pain in the left hip. He's having weakness as he described in his left leg with numbness in ; 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.  
post op issues -- less than 2 weeks r/o infection; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

POST SURGICAL 12/1/15; spoke with the patient today.(4/22/2016) (He said that he can't tolerate any activity w/o pressure and weakness in his right leg. He can hardly move his legs at times. Right leg is numb, toes on the right foot "don't function right"; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Progressively worsening low back pain over the past 3 years. He states he has radicular pain to his right leg. Pain is described as sharp and shooting and constant. he complains of numbness and tingling in his 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

r/o any abnormalities of the lumbar and sacral/SI joints of the spine; This study is being ordered for a neurological disorder.; January 2015; There has been treatment or conservative therapy.; Low back pain radiating into the sacral area, painful to sit. Bilateral buttock pain, and leg pain; Physical therapy; Lumbar epidural steroid injections; RF ablation of lumbar nerves.; Prescription therapy

REQUESTING MRI FOR REVIEW FOR POSSIBLE INJECTIONS OR 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.; Document exam findings PATIENT HAS BILATERAL LEG WEAKNESS AND NUMBNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The patient had a right L5/S1 Decompression and Fusion on 2/26/16 at St. Vincent's Hospital by Dr Schlesinger. The patient stated since his surgery he is having pain in his right foot by his toes by the knuckles. He stated it feels like a cramp and it wi; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

The patient states she has pain to her right hip, lower back, shooting pains to RLE and right foot numbness. She states pain is daily. She said she continues to have pain to her left shoulder that radiates down LUE and left numbness, pain mostly occurs at; 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.

The patient underwent a left side approach for L3-5 Decompression and L3-5 Fusion on 05/18/2016 at St. Vincent Infirmary with Dr. Schlesinger. The patient called today stating that he was in so much pain yesterday that he went to the ER in Newport where h; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.

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.

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?

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.

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.

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

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.

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.

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.

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.

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected infection or abscess

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.

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

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

The study requested is a Lumbar Spine MRI.; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess

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.

TO RULE OUT SYRINX AND OTHER SPINAL ABNORMALITIES; This study is being ordered for a neurological disorder.; AUGUST 2015; There has not been any treatment or conservative therapy.; LEFT RETINAL HEMORRHAGE, SEVERE HEADACHES, MRI BRAIN 3/24/16 SHOWED CHIARI I MALFORMATION, MRI ENTIRE SPINE RECOMMENDED TO RULE OUT SYRINX AND OTHER SPINAL ABNORMALITIES.

Unable to stand for long periods unable to elevate arms above shoulders abn straight leg raise abn limited ROM; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Back and neck pain bilateral arm weakness left leg pain; S/P surgery rx medication PT 3-6 weeks

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.; Difficulty with walking; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.; She reports she has constant lower back pain that she describes as a dull ache and occasionally sharp pain. The pain is her back radiates to both hips and BLE. She states walking, sitting, or standing for long periods of time make her pain worse. She stat; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.; 11/9/2015; There has been treatment or conservative therapy.; low back pain radiates to left hip and left leg down to knee. sharp, consistent pain 4/10. Takes Aleve and is no help. Pain is worse with movement. Difficulty sleeping d/t not being able to find a comfortable position.; facet and rhizotomy x2

Will fax clinical information.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

radiating pain down left leg into foot, paresthesia, occasionally drags foot, undergoing treatment for prostate cancer,; 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.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

r/o any abnormalities of the lumbar and sacral/SI joints of the spine; This study is being ordered for a neurological disorder.; January 2015; There has been treatment or conservative therapy.; Low back pain radiating into the sacral area, painful to sit. Bilateral buttock pain, and leg pain; Physical therapy&#x0D; Lumbar epidural steroid injections&#x0D; RF ablation of lumbar nerves.&#x0D; Prescription therapy  
This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.

This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.

This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

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.

; This study is being ordered for a neurological disorder.; 4/1/16. Date of surgery.; There has been treatment or conservative therapy.; pain in neck and left shoulder; Medrol Dosepak after surgery. Gave on 4/11/16 and saw back 4/18/16 with no improvement

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.

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.

The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are documented physical or plain film findings of delayed or failed healing.

The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are no documented physical or plain film findings of delayed or failed healing.; There are no documented physical or plain film findings of prosthetic device dislocation.; S/P neck surgery radiculopathy shoulder pain

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.

This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has 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.

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).

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.

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.



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.; 11/9/2015; There has been treatment or conservative therapy.; low back pain radiates to left hip and left leg down to knee. sharp, consistent pain 4/10. Takes Aleve and is no help. Pain is worse with movement. Difficulty sleeping d/t not being able to find a comfortable position.; facet and rhizotomy x2

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

ABNORMAL MRI'S; This study is being ordered for a neurological disorder.; 3/26/16; There has not been any treatment or conservative therapy.; ABNORMAL MRI'S

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

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.

; 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.; ; There has been treatment or conservative therapy.; ;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2 years; There has not been any treatment or conservative therapy.; losing strength in arms and legs, loss of balance, numbness and tingling,

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2 years; There has not been any treatment or conservative therapy.; losing strength in arms and legs, loss of balance, numbness and tingling,

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

Pt presents with complaint of neck, UE pain with weakness, headaches, low back and buttock pain. Her MRI demonstrates disc protrusions C 4-7. Treatment options discussed with pt and at this time she is wanting to explore surgical options. She will be refe; This study is being ordered for a neurological disorder.; Jan. 28, 2016; There has been treatment or conservative therapy.; Low back pain, aching in nature, radiating to right side numbness and tingling .&#x0D; &#x0D; Headaches, dizziness and memory loss. Increasing neck pain.; Gabapentin&#x0D; Hydrocodone&#x0D; Percocet&#x0D; Soma&#x0D; Robaxin&#x0D; Topamax&#x0D; Excedrin&#x0D; NSAID's &#x0D; &#x0D; Injection therapy for LBP

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.

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.

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 not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.

Radiology Services Denied Not Medically Necessary

Pt is c/o of real sharp pains; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

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. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

CERVICAL 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.

Radiology Services Denied Not Medically Necessary

Routine follow-up after C67 ACDF 9/11/2015 for a unilateral jumped facet six weeks after trauma. For the past month or so he has been having severe posterior neck pain, as well as pain between the shoulders. No UE pain except for his right wrist being swo; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of 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.

Radiology Services Denied Not Medically Necessary

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.

Radiology Services Denied Not Medically Necessary

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT

Radiology Services Denied Not Medically Necessary

HAS BEEN ON MEDICATION LONGER THEN SIX WEEKS WITH NO IMPROVEMNT //MRI SHOWS HEMANGIOMAS /SIGNAL CHANGES; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.

Radiology Services Denied Not Medically Necessary

&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.; 02/06/2016; It is not known if there has been any treatment or conservative therapy.; neck pain, left side lower back pain, numbness and tingling in arms and legs. Treated with physical therapy, oral medications, seen back on 04/21/2016, not any better.

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

S/P MVA pain is worse medication is not helping; This study is being ordered for trauma or injury.; 03/17/16; There has been treatment or conservative therapy.; low pain, worse on left radiating down to left hip. Orthopedic evaluation is unremarkable. Sharp pain in nature.; Hydrocodone 5/325 PRN pain, &#x0D; Tylenol

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.

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.

Radiology Services Denied Not Medically Necessary

&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.; 07/11/2014; There has been treatment or conservative therapy.; low back pain, weakness , muscle spasms, burning amd stinging; medication

Radiology Services Denied Not Medically Necessary

&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.; 2/1/2016; There has been treatment or conservative therapy.; Numbness and tingling, bowel and bladder problems; PT

Radiology Services Denied Not Medically Necessary

&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.; 3/29/2015; There has been treatment or conservative therapy.; Low and mid back pain. Pain going into the right arm. Weakness and numbness.; PT had a full year of pain management. PT has had PT.

Radiology Services Denied Not Medically Necessary

&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.; Dec 2 2015; There has been treatment or conservative therapy.; neck - neck pain radiates to extremity and decrease strength in hand&#x0D; &#x0D; lbp that radiates into feet and numbness into extremity It worse than rt; PT

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/23/2015; There has been treatment or conservative therapy.; neck pain, spasms, hearing loss, back pain, numbness; cervical fusion ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is 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; It is not known if there has been any treatment or conservative therapy.; Cervical Radiculopathy, Cervical spasm, pain into the levator scapulae trapezius region

Radiology Services Denied Not Medically Necessary

; This study is 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 STARTED IN CERVICAL ABOUT 2 MONTHS AGO, LUMBAR WITHIN THE LAST WEEK; There has been treatment or conservative therapy.; PAIN IN BOTH ARMS AND PAIN IN BOTH LEG. ALSO LEGS BECOMING WEAKER; STERIOD INJECTIONS

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Comments: prob stenosis at 4-5 &#x0D; needs bracing and depo and mobic&#x0D; get MRI of the C and L spine and rtc.; This study is being ordered for a neurological disorder.; February 2015; There has been treatment or conservative therapy.; Con't w LBP rad to bilateral hip & post-lat aspect leg to calf. No foot numbness.&#x0D; &#x0D; Cont w neck pain that radiates to the shoulder/scapular area. Bilateral arm/hand numbness. Can't sleep on sides due to hand numbness; Physical therapy at Total Spine&#x0D; Ibuprofen

Radiology Services Denied Not Medically Necessary

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.; since 2009; There has been treatment or conservative therapy.; upper extremity neck and L sided shoulder pain; steroid injections, hx of surgery and PT

Radiology Services Denied Not Medically Necessary

FOR FURTHER EVALUATION FOR SURGERY OR INJECTIONS.; This study is being ordered for a neurological disorder.; 12/02/15; There has been treatment or conservative therapy.; NECK PAIN WITH BILATERAL ARM PAIN, NUMBNESS AND WEAKNESS. LOW BACK PAIN WITH BILATERAL LEG PAIN, NUMBNESS AND WEAKNESS.; PHYSICAL THERAPY

Radiology Services Denied Not Medically Necessary

No previous imaging for these symptoms. Would like to obtain imaging to further determine cause of symptoms; This study is being ordered for trauma or injury.; 2 years ago pain started; There has not been any treatment or conservative therapy.; tenderness along the spine, weakness in the extremities, pain with Range of motion, numbness and tingling in the extremities. &#x0D; &#x0D; Pain with lifting, bending, twisting.

Radiology Services Denied Not Medically Necessary

PATIENT HAS A CERVICAL FUSION 1 YEAR AGO AND IS HAVING INCREASING PAIN. PATIENT IS HAVING LUMBAR PAIN WITH NUMBNESS AND WEAKNESS IN LEGS.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9-25-15; There has been treatment or conservative therapy.; NECK PAIN WITH PAIN IN BILATERAL ARMS WITH NUMBNESS AND WEAKNESS AND LOW BACK PAIN WITH BILATERAL LEG PAIN WITH NUMBNESS AND WEAKNESS; PHYSICAL THERAPY.

Radiology Services Denied Not Medically Necessary

R shoulder pain, radiculopathy, myopathy. surgical planning; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/05/2014; There has been treatment or conservative therapy.; decreased ROM in neck, R arm pain, numbness, neck pain.; meds , pain management

Radiology Services Denied Not Medically Necessary

R/o degenerative disc disease, post status fussion 6 months out.; This study is being ordered for a neurological disorder.; 2/18/2016; There has been treatment or conservative therapy.; Pt experiencing neck pain Bilat shoulders with radiculopathy and mid back pain; Injections and PT and home exercise and rx along with nsaid

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.; None



Radiology Services Denied Not Medically Necessary

The patient is a 49-year-old woman who presents to the clinic on 8/18/15 with a chief complaint of neck pain that has been going on since December 2014. She reported that the pain goes down both arms down to the 3rd and 4th digits. She also reported 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.; She reports frequently dropping objects and difficulty with fine motor tasks such as buttoning buttons.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Neurological deficits; Summary of the Comprehensive Neurological Exam; The key findings in her cervical, thoracic, and lumbar exam includes slight decreased range of motion of the cervical and lumbar spine about 10% in all planes otherwise, unremarkable. The rest of her detail; 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.

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.

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.

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.;

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.; &lt;Enter Additional Clinical Information&gt;

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. She states that she has limited range of motion. She complains that she has constant popping when she turns her head

Radiology Services Denied Not Medically Necessary

TO REVIEW FOR POSSIBLE CANDIDATE FOR SURGERY OR INJECTIONS.; 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 WEAKNESS IN BOTH ARMS WITH NUBNESS IN BOTH HANDS.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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 evalution, or Neurological deficits."; Patient with upper thoracic pain and tender to palpation.

Radiology Services Denied Not Medically Necessary

&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.; 2/1/2016; There has been treatment or conservative therapy.; Numbness and tingling, bowel and bladder problems; PT

Radiology Services Denied Not Medically Necessary

&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.; 3/29/2015; There has been treatment or conservative therapy.; Low and mid back pain. Pain going into the right arm. Weakness and numbness.; PT had a full year of pain management. PT has had PT.

Radiology Services Denied Not Medically Necessary

&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.; March 1, 2016; There has been treatment or conservative therapy.; Pt has severe back upper and mid and low back pain radiating to the left leg w/ weakness and numbness; anti inflammatory, hydrocodone, xanax

Radiology Services Denied Not Medically Necessary

&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.; Oct. 2014; There has been treatment or conservative therapy.; Pain in left shoulder, ache in right hand and spine.; Meds Flexerall, Lisinopril, Morphine sulphate, Oxicodeone.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/23/2015; There has been treatment or conservative therapy.; neck pain, spasms, hearing loss, back pain, numbness; cervical fusion ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

further evaluate for radicular pain. r/o spinal stenosis and/or herniated discs.; This study is being ordered for a neurological disorder.; Several years ago; There has been treatment or conservative therapy.; mid to low back pain that radiates to the hip/buttock area and leg pain; Brace; lumbar epidural steroid injections, Physical therapy

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.; None; It is not known if there has been any treatment or conservative therapy.; None

Radiology Services Denied Not Medically Necessary

PATIENT HAS A CERVICAL FUSION 1 YEAR AGO AND IS HAVING INCREASING PAIN.; PATIENT IS HAVING LUMBAR PAIN WITH NUMBNESS AND WEAKNESS IN LEGS.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9-25-15; There has been treatment or conservative therapy.; NECK PAIN WITH PAIN IN BILATERAL ARMS WITH NUMBNESS AND WEAKNESS AND LOW BACK PAIN WITH BILATERAL LEG PAIN WITH NUMBNESS AND WEAKNESS; PHYSICAL THERAPY.

Radiology Services Denied Not Medically Necessary

R shoulder pain, radiculopathy, myopathy. surgical planning; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/05/2014; There has been treatment or conservative therapy.; decreased ROM in neck, R arm pain, numbness, neck pain.; meds , pain management

Radiology Services Denied Not Medically Necessary

R/o degenerative disc disease, post status fusion 6 months out.; This study is being ordered for a neurological disorder.; 2/18/2016; There has been treatment or conservative therapy.; Pt experiencing neck pain Bilat shoulders with radiculopathy and mid back pain; Injections and PT and home exercise and rx along with nsaid  
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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.

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.; Cervical MRI completed April 27th, 2016. Need additional testing.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

Radiology Services Denied Not Medically Necessary

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Numbness tingling weakness HNP; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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.; REDUCED WEAKNESS

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

&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.; 07/11/2014; There has been treatment or conservative therapy.; low back pain, weakness , muscle spasms, burning amd stinging; medication

Radiology Services Denied Not Medically Necessary

&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.; 10/13/15; There has been treatment or conservative therapy.; Neck pain and Radiation Back pain and radiating to the back of bilateral legs; PT injections and medications

Radiology Services Denied Not Medically Necessary

&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.; Dec 2 2015; There has been treatment or conservative therapy.; neck - neck pain radiates to extremity and decrease strength in hand&#x0D; &#x0D; lbp that radiates into feet and numbness into extremity It worse than rt; PT

Radiology Services Denied Not Medically Necessary

&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.; March 1, 2016; There has been treatment or conservative therapy.; Pt has severe back upper and mid and low back pain radiating to the left leg w/ weakness and numbness; anti inflammatory, hydrocodone, xanyax ; 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.

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

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; Location: Patient presents today with pain in her hip/ SI joints. The pain is worse on the right side. The remainder of the spine pain is much improved compared to pre-op. She was going to have an SI joint fusion at Mercy but her insurance is out of ne;

Radiology Services Denied Not Medically Necessary

; This study is 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.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/25/15; It is not known if there has been any treatment or conservative therapy.; He is 6 weeks out from discectomy at T8-T9. He's doing much better. He had quite a lot of pain in the first week after surgery but it has steadily declined since then. He still notices some numbness and tingling across the lower lumbar spine as well as so

Radiology Services Denied Not Medically Necessary

; This study is 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; It is not known if there has been any treatment or conservative therapy.; Cervical Radiculopathy, Cervical spasm, pain into the levator scapulae trapezius region

Radiology Services Denied Not Medically Necessary

; This study is 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 STARTED IN CERVICAL ABOUT 2 MONTHS AGO, LUMBAR WITHIN THE LAST WEEK; There has been treatment or conservative therapy.; PAIN IN BOTH ARMS AND PAIN IN BOTH LEG. ALSO LEGS BECOMING WEAKER; STERIOD INJECTIONS

Radiology Services Denied Not Medically Necessary

Comments: prob stenosis at 4-5 &#x0D; needs bracing and depo and mobic&#x0D; get MRI of the C and L spine and rtc.; This study is being ordered for a neurological disorder.; February 2015; There has been treatment or conservative therapy.; Con't w LBP rad to bilateral hip &#x0D; post-lat aspect leg to calf. No foot numbness.&#x0D; &#x0D; Cont w neck pain that radiates to the shoulder/scapular area. Bilateral arm/hand numbness. Can't sleep on sides due to hand numbness; Physical therapy at Total Spine&#x0D; Ibuprofen

Radiology Services Denied Not Medically Necessary

FOR FURTHER EVALUATION FOR SURGERY OR INJECTIONS.; This study is being ordered for a neurological disorder.; 12/02/15; There has been treatment or conservative therapy.; NECK PAIN WITH BILATERAL ARM PAIN, NUMBNESS AND WEAKNESS. LOW BACK PAIN WITH BILATERAL LEG PAIN, NUMBNESS AND WEAKNESS.; PHYSICAL THERAPY

Radiology Services Denied Not Medically Necessary

further evaluate for radicular pain. r/o spinal stenosis and/or herniated discs.; This study is being ordered for a neurological disorder.; Several years ago; There has been treatment or conservative therapy.; mid to low back pain that radiates to the hip/buttock area and leg pain; Brace&#x0D; lumbar epidural steroid injections, &#x0D; Physical therapy

Radiology Services Denied Not Medically Necessary

MRI STUDY REQUESTED TO DUE LOWER LUMBAR SPINE SHOWS STAGE 1 SPONDYOLITHESE OF L4 AND L5. NARROWIN OF THE NEURAL FORAMIAN ALT L5, L5 AND S1. &#x0D; REVIEW FOR STEROID INJECTIONS OR 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 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.

Radiology Services Denied Not Medically Necessary

No previous imaging for these symptoms. Would like to obtain imaging to further determine cause of symptoms; This study is being ordered for trauma or injury.; 2 years ago pain started; There has not been any treatment or conservative therapy.; tenderness along the spine, weakness in the extremities, pain with Range of motion, numbness and tingling in the extremities. &#x0D; &#x0D; Pain with lifting, bending, twisting.



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.; None; It is not known if there has been any treatment or conservative therapy.; None

Radiology Services Denied Not Medically Necessary

PATIENT HAS A CERVICAL FUSION 1 YEAR AGO AND IS HAVING INCREASING PAIN.; PATIENT IS HAVING LUMBAR PAIN WITH NUMBNESS AND WEAKNESS IN LEGS.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9-25-15; There has been treatment or conservative therapy.; NECK PAIN WITH PAIN IN BILATERAL ARMS WITH NUMBNESS AND WEAKNESS AND LOW BACK PAIN WITH BILATERAL LEG PAIN WITH NUMBNESS AND WEAKNESS; PHYSICAL THERAPY.

Radiology Services Denied Not Medically Necessary

PATIENT HAS HAD A LUMBAR FUSION IN 2010, HE IS HAVING INCREASING PAIN WITH BILATERAL LEG NUMBNESS AND 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.; BILATERAL LEG WEAKNESS AND NUMBNESS. LUMBAR FUSION IN 2010; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Patient has low back pain with radiculopathy that happened about 6 weeks ago. She has been on a Medrol Dosepak as well as Mobic.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient is about 5 months out from a left L5S1 discectomy. He still complains of discomfort/pain into the 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  
patient is post op surgery from 10-8-15 reports with residual 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

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

patient was in motor vehicle accident 8 months ago and is having low back pain, she is concerned about pain since she had a lumbar surgery in 2014; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient with low back pain with radiculopathy and disc degeneration. She has taken a medrol dose pak as well as Mobic.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

persistent back pain, need MRI to rule out surgical lesion.; The study 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 range of motion 30% to 40% in all planes, has positive straight leg raise on the right at 45 degrees and has mild antalgic gait.

Radiology Services Denied Not Medically Necessary

Pt had surgery 02/29/16 for L3-4, L4-5, L5-S1; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pt presents with complaint of neck, UE pain with weakness, headaches, low back and buttock pain. Her MRI demonstrates disc protrusions C 4-7. Treatment options discussed with pt and at this time she is wanting to explore surgical options. She will be refe; This study is being ordered for a neurological disorder.; Jan. 28, 2016; There has been treatment or conservative therapy.; Low back pain, aching in nature, radiating to right side numbness and tingling .&#x0D; &#x0D; Headaches, dizziness and memory loss. Increasing neck pain.; Gabapentin&#x0D; Hydrocodone&#x0D; Percocet&#x0D; Soma&#x0D; Robaxin&#x0D; Topamax&#x0D; Excedrin&#x0D; NSAID's &#x0D; &#x0D; Injection therapy for LBP

Radiology Services Denied Not Medically Necessary

S/P MVA pain is worse medication is not helping; This study is being ordered for trauma or injury.; 03/17/16; There has been treatment or conservative therapy.; low pain, worse on left radiating down to left hip. Orthopedic evaluation is unremarkable. Sharp pain in nature.; Hydrocodone 5/325 PRN pain, &#x0D; Tylenol severe left leg pain from the knee up and pain in the tailbone. her feet are swollen and she can't sit down or stand up alone. she has generalized weakness, no appetite and seeing double. Patient had lumbar fusion surgery on 3-30-16.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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 patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

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

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

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)

Radiology Services Denied Not Medically Necessary

weakness in both knees; The study 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 to the knees; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

hip pain.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 02/22/2016; There has been treatment or conservative therapy.; ; pain management

Radiology Services Denied Not Medically Necessary

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.; since 2009; There has been treatment or conservative therapy.; upper extremity neck and L sided shoulder pain; steroid injections, hx of surgery and PT

Radiology Services Denied Not Medically Necessary

Worsening symptoms since seen in June 2015. Now has positive Hoffmans bilaterally that was not present on last exam.; This study is 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.; Symptoms have been progressive over the past three to four months. She continues to have neck pain as well as right upper extremity pain which runs from the shoulder to her hand. She is also complaining of numbness and tingling affecting the hands bilat

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for a neurological disorder.; 08/01/2015; There has been treatment or conservative therapy.; knee pain radiating to feet; injections  
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 a suspicion of an adrenal mass.

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

Radiology Services Denied Not Medically Necessary

This is a request for Cerebral Perfusion CT.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.; The study is requested for headache.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2/272016; There has been treatment or conservative therapy.; acute subarachnoid hemorrhage; head cta and neck

Her head hurts over a growth in her left occiput. It is a very sharp pain and it occurs all the time. There is no numbness, tingling, or burning. The area that she points to in the left occiput is actually a hard mass measuring approximately 4 by 3 cm. ; 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.

Intractable epilepsy with swelling in left temple lately; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

Memory loss and confusion following cardiac arrest in January of 2015 also has a family history of Alzheimer's; 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

Patient has of CAD with valvular disease with aortic valve replacement; 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

Patient scheduled for LP and it is the requirement of radiology that patients have CT and/or MRIs of the brain prior to spinal tap. &#x0D; &#x0D; Patient with symptoms of neuropathy, wanting to rule out CIDP; 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

Patient was approved for brain MRI, but has an aneurysm chip installed so MD wants to request a CT; This study is being ordered for a neurological disorder.; 07/21/2015; There has been treatment or conservative therapy.; stroke; diagnostic testing, medications

pt is having headaches intraventricular hemorrhaging.; This is a request for a brain/head CT.; The study is requested for new onset of seizures or newly identified change in seizure activity or pattern.

Requesting a spinal tap analysis but it is required by the radiologist that a CT of the head or MRI no be any older than six weeks.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

This is a request for a brain/head CT.; The study is requested for history of stroke, (CVA) known or follow-up.

This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.

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.

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."; The study is requested for headache.

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.

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."; The study is requested for headache.

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.

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.

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";  
"There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct";  
"There is a history of serious head or skull, trauma or injury.ostct"

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";  
"There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"

BRAIN LESION FOUND MRI PERFORMED ON 05/17/2016. POSSIBLE CHOLESTEATOMA OR GRANULOMA.; "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.

EVALUATE AND TREAT MIGRAINE AND SINUS 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.; 04/21/2016; There has been treatment or conservative therapy.; SINUS INFECTION,COGNITIVE ISSUES,VERY SENSITIVE TO AIR GOING IN AND OUT OF NOSE,LOTS OF FACE PRESSURE, MIGRAINE, SINUS PAIN; MEDS- FLONASE,HYDROCODONE-ACET.,ZOLMITRIPTAN ODT,FORTEO,BOTOX,ZOMIG,ALEVE,ANTIBIOTICS FOR SINUS INFECTION SEVERAL TIMES.

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)

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)

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)

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2/272016; There has been treatment or conservative therapy.; acute subarachnoid hemorrhage; head cta and neck

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 6 months ago; There has been treatment or conservative therapy.; headache, nausea, vomiting; medication

; This study is being ordered for a neurological disorder.; 03/01/2016; There has been treatment or conservative therapy.; headaches, dizziness; medications



; This study is being ordered for a neurological disorder.; 04/01/2016; There has been treatment or conservative therapy.; stroke, headaches; CT head

; This study is being ordered for a neurological disorder.; 04/27/2016; There has been treatment or conservative therapy.;;

; This study is being ordered for a neurological disorder.; 05/13/2016; There has been treatment or conservative therapy.; vision loss; unknown

; This study is being ordered for a neurological disorder.; 2/28/2016; There has been treatment or conservative therapy.; stroke cramps spasms; aspirin, MRI botox

; This study is being ordered for a neurological disorder.; 4/19/2011; There has been treatment or conservative therapy.;;

; This study is being ordered for a neurological disorder.; January 2016; It is not known if there has been any treatment or conservative therapy.; headache carotid stenosis TIA

; This study is being ordered for Vascular Disease.; 5/10/2011; There has been treatment or conservative therapy.; stroke; medications

Evaluate for stroke as patient has had previous of TIA; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; headache, left & right sided weakness and numbness, left ptosis;

having visually 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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

Left ICA dissection; This study is 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 left eye drooping, and his sinuses; Nortriptyline 30mg q hs

multi strokes and tia's .; This study is being ordered for a neurological disorder.; 10/31/2015; There has been treatment or conservative therapy.; carotid stenosis left sided weakness hx of multi strokes; pt has been on Plavix and Aggrenox and asa with failure of having cva and tias

none; This study is being ordered for a neurological disorder.; 12/6/2015; There has been treatment or conservative therapy.; right sided numbness, headache; medications

Patient has diabetes, hypercholesterolemia and suspected hypertension. Also has a family history of diabetes, hypertension and coronary artery disease; This study is being ordered for a neurological disorder.; 3/7/2016; There has been treatment or conservative therapy.; Blurred vision; MRI of the brain; Ophthalmology Evaluation

Patient was approved for brain MRI, but has an aneurysm clip installed so MD wants to request a CT; This study is being ordered for a neurological disorder.; 07/21/2015; There has been treatment or conservative therapy.; stroke; diagnostic testing, medications

Possible dissection seen on MRI; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; new on set headaches, tremor, dizziness , ataxia

Repeat MRI Brain with and without contrast for follow up evaluation of persistent headaches. Would also like to send him for an EEG to rule out possible seizure activity considering his reports of two episodes of passing out. Will also consult Dr. Doyle t; This study is being ordered for a neurological disorder.; 2015; It is not known if there has been any treatment or conservative therapy.; Headaches and dizziness. Headaches that begin behind his left eye. He reports that this is throbbing in nature. Passed out twice and experienced difficulty with word finding during these headaches. vision to left eye has been some what blurry

Since her MRI in January, the radiologist recommended repeat study 3 months down the road, so that would be in April. To clarify these issues we will go ahead with the CT angiogram and a repeat MRI scan to see if the evolution of that right cerebellar pedu; This study is 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 11, 2016; There has not been any treatment or conservative therapy.; The pt got dizzy and nauseated. She also had problems wrighting which she is right handed and she couldn't walk very well. She then went to her primary doctor and they did a ct and mri and it showed evidences of a right cerebellar peduncle ischemic lesion

Stroke work-up to exclude any other possible cause of the visual changes; This study is being ordered for a neurological disorder.; March, 2016 - problems with visual disturbance and headaches. Diagnosed with bigeminy. Started on medication, no benefit. Schedule for ablation therapy. CTA to rule out stroke; There has been treatment or conservative therapy.; Vision disturbance for the last two months, last from 2-20 minutes followed by a generalized headache; Medication therapy

Suspected TIA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2011; There has been treatment or conservative therapy.; Episodic vertigo, nausea, ataxia, hearing loss in left ear, expressive aphasia, blurred vision; Meclizine was taken for Vertigo symptoms.

The patient had the following test(s) completed today Anticardiolipin Ab, IgG/M, Qn, Antinuclear Antibodies, ANA, IFA, Antithrombin III, Func/Immunol, BUN, CREATININE, Lupus Anticoagulant Comp, Protein C Functional & Protein S Antigen, RPR, SEDIMENTATION ; This study is being ordered for a neurological disorder.; Episodic left weakness and numbness since 2014 - probable TIAs - uncertain cause.; There has been treatment or conservative therapy.; Comments&#x0D; VS noted. Afebrile&#x0D; Well groomed, well nourished&#x0D; Carotids: no bruit&#x0D; Heart: no murmur, regular rate&#x0D; Lungs: clear&#x0D; Mood: not depressed, not anxious&#x0D; Affect: not depressed, not anxious&#x0D; Cognitive function: memory - ; VITAMIN D SOFTGEL 50,000 units (1.25 mg) ORAL&#x0D; take one a week for&#x0D; 09/26/2013&#x0D; &#x0D; &#x0D; N&#x0D; Flintstones Plus Iron 15 mg iron chewable tablet&#x0D; take 2 po qd&#x0D; 01/07/2014&#x0D; &#x0D; &#x0D; N&#x0D; albuterol sulfate HFA 90 mcg/actuation aerosol inhaler&#x0D; inhale 2 puff by inhalation r

The patient is a pleasant 44 year old female with complaints of dizziness over the past three years. She had an ENT workup an was sent to rehab but had no improvement Therefore the patient was sent for an MRI scan of her brain with and without contrast 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.; 03/16/16; There has been treatment or conservative therapy.; Dizziness, Left sided weakness for which she underwent rehab.; she underwent rehab. Currently taking aspirin twice a day along with her listed of med's Omeprazole , amitriptyline, clonidine , lisinopril, hydrocodone, flexeril and zanaflex

this is a follow up study for the patient to check for any changes; This study is being ordered for trauma or injury.; September 2011; There has been treatment or conservative therapy.; intracerebral hemorrhage and cerebral aneurysm; patient has been treated with surgery and medications since traumatic brain injury occurred.

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.; 12/2015; There has been treatment or conservative therapy.; stroke, numbness R side and weakness. speech issues. cerebral adema, Apashia; meds. PT. Speech and occupational thrapy  
Yes, this is a request for CT Angiography of the brain.

; This study is being ordered for a neurological disorder.; 03/01/2016; There has been treatment or conservative therapy.; headaches, dizziness; medications

; This study is being ordered for a neurological disorder.; 04/01/2016; There has been treatment or conservative therapy.; stroke, headaches; CT head

; This study is being ordered for a neurological disorder.; 05/13/2016; There has been treatment or conservative therapy.; vision loss; unknown

; This study is being ordered for a neurological disorder.; 2/28/2016; There has been treatment or conservative therapy.; stroke cramps spasms; aspirin, MRI botox

; This study is being ordered for a neurological disorder.; 4/19/2011; There has been treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; January 2016; It is not known if there has been any treatment or conservative therapy.; headache carotid stenosis TIA

; This study is being ordered for Vascular Disease.; 5/10/2011; There has been treatment or conservative therapy.; stroke; medications

Evaluate for stroke as patient has had previous of TIA; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; headache, left & right sided weakness and numbness, left ptosis;

having visually 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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Left ICA dissection; This study is 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 left eye drooping, and his sinuses; Nortriptyline 30mg q hs

multi strokes and tia's .; This study is being ordered for a neurological disorder.; 10/31/2015; There has been treatment or conservative therapy.; carotid stenosis left sided weakness hx of multi strokes; pt has been on Plavix and Aggrenox and asa with failure of having cva and tias

none; This study is being ordered for a neurological disorder.; 12/6/2015; There has been treatment or conservative therapy.; right sided numbness, headache; medications

Patient has diabetes, hypercholesterolemia and suspected hypertension. Also has a family history of diabetes, hypertension and coronary artery disease; This study is being ordered for a neurological disorder.; 3/7/2016; There has been treatment or conservative therapy.; Blurred vision; MRI of the brain&#x0D; Ophthalmology Evaluation

Patient was approved for brain MRI, but has an aneurysm clip installed so MD wants to request a CT; This study is being ordered for a neurological disorder.; 07/21/2015; There has been treatment or conservative therapy.; stroke; diagnostic testing, medications

Possible dissection seen on MRI; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; new on set headaches, tremor, dizziness , ataxia

Repeat MRI Brain with and without contrast for follow up evaluation of persistent headaches. Would also like to send him for an EEG to rule out possible seizure activity considering his reports of two episodes of passing out. Will also consult Dr. Doyle t; This study is being ordered for a neurological disorder.; 2015; It is not known if there has been any treatment or conservative therapy.; Headaches and dizziness. Headaches that begin behind his left eye. He reports that this is throbbing in nature. Passed out twice and experienced difficulty with word finding during these headaches. vision to left eye has been some what blurry

Stroke work-up to exclude any other possible cause of the visual changes; This study is being ordered for a neurological disorder.; March, 2016 - problems with visual disturbance and headaches. Diagnosed with bigeminy. Started on medication, no benefit. Schedule for ablation therapy. CTA to rule out stroke; There has been treatment or conservative therapy.; Vision disturbance for the last two months, last from 2-20 minutes followed by a generalized headache; Medication therapy

Suspected TIA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2011; There has been treatment or conservative therapy.; Episodic vertigo, nausea, ataxia, hearing loss in left ear, expressive aphasia, blurred vision; Meclizine was taken for Vertigo symptoms.

The latest carotid ultrasound, 7/2014, showed right 50-79% stenosis with lesser left stenosis. A follow-up ultrasound is ordered.; This study is being ordered for Vascular Disease.; 07/2014; There has been treatment or conservative therapy.; System&#x0D; Neg/Pos&#x0D; Details&#x0D; Constitutional&#x0D; Negative&#x0D; Weight loss.&#x0D; Neuro&#x0D; Positive&#x0D; Gait disturbance, Numbness in extremity.&#x0D; Neuro&#x0D; Negative&#x0D; Dizziness, headache, memory impairment, seizures and tremors.&#x0D; Psych&#x0D; Positive&#x0D; Anxiety.&#x0D; Psych&#x0D; Negative&#x0D; Depres; Dexilant 60 mg capsule, delayed release&#x0D; take 1 capsule by oral route every day for 8 weeks&#x0D; Aspir-81 81 mg tablet, delayed release&#x0D; take 1 tablet by oral route every day&#x0D; Vitamin D3 2,000 unit tablet&#x0D; 1 po qd&#x0D; Restasis 0.05 % eye drops in a dropperette&#x0D;

The patient had the following test(s) completed today Anticardiolipin Ab, IgG/M, Qn, Antinuclear Antibodies, ANA, IFA, Antithrombin III, Func/Immunol, BUN, CREATININE, Lupus Anticoagulant Comp, Protein C Functional & Protein S Antigen, RPR, SEDIMENTATION ; This study is being ordered for a neurological disorder.; Episodic left weakness and numbness since 2014 - probable TIAs - uncertain cause.; There has been treatment or conservative therapy.; Comments&#x0D; VS noted. Afebrile&#x0D; Well groomed, well nourished&#x0D; Carotids: no bruit&#x0D; Heart: no murmur, regular rate&#x0D; Lungs: clear&#x0D; Mood: not depressed, not anxious&#x0D; Affect: not depressed, not anxious&#x0D; Cognitive function: memory - ; VITAMIN D SOFTGEL 50,000 units (1.25 mg) ORAL&#x0D; take one a week for&#x0D; 09/26/2013&#x0D; &#x0D; &#x0D; N&#x0D; Flintstones Plus Iron 15 mg iron chewable tablet&#x0D; take 2 po qd&#x0D; 01/07/2014&#x0D; &#x0D; &#x0D; N&#x0D; albuterol sulfate HFA 90 mcg/actuation aerosol inhaler&#x0D; inhale 2 puff by inhalation r



The patient is a pleasant 44 year old female with complaints of dizziness over the past three years. She had an ENT workup and was sent to rehab but had no improvement. Therefore the patient was sent for an MRI scan of her brain with and 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.; 03/16/16; There has been treatment or conservative therapy.; Dizziness, Left sided weakness for which she underwent rehab.; she underwent rehab. Currently taking aspirin twice a day along with her listed of med's Omeprazole , amitriptyline, clonidine , lisinopril, hydrocodone, flexeril and zanaflex

this is a follow up study for the patient to check for any changes; This study is being ordered for trauma or injury.; September 2011; There has been treatment or conservative therapy.; intracerebral hemorrhage and cerebral aneurysm; patient has been treated with surgery and medications since traumatic brain injury occurred.

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.; 12/2015; There has been treatment or conservative therapy.; stroke, numbness R side and weakness. speech issues. cerebral edema, Aphasia; meds. PT. Speech and occupational therapy  
Yes, this is a request for CT Angiography of the Neck.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Patient has papilledema that with obesity raises concern of Pseudotumor Cerebri, therefore will proceed with spinal tap and MRI; This study is being ordered for Vascular Disease.; October 2015; There has been treatment or conservative therapy.; Migraines, papilledema, blurred vision; Several medications

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.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; headache

&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.; January 2016; There has not been any treatment or conservative therapy.; complaints of syncope and light headedness. sensations described as everything shifting beneath her feet. Happens through out the day. Exasperated by walking, sitting. Heart rate feels increased. She can no longer do her aerobics because of dizziness and

; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.

; This study is being ordered for a neurological disorder.; ; 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.; 08/11//2015; There has not been any treatment or conservative therapy.; HA, SYNCOPÉ

discomforted is focused to the left side alone.; This study is being ordered for a neurological disorder.; Several years ago; There has been treatment or conservative therapy.; Headaches - Migraines, ringing in her ears, dizziness, numbness, tingling, weakness, vision changes including double vision. The most sever headache she has experienced in March.; Topamax

Evaluate TIA stroke risk.; This study is being ordered for Vascular Disease.; 2001; There has been treatment or conservative therapy.; migraine headaches. blurred vision nausea. Photophobia and visual aura. Speech difficulty. Right sided Paresthesia; Prescription medications. Sumatriptin Fiorinal. Immitrex

Facial numbness, confusion, slurred speech, and r/o stroke. See attached clinicals.; This study is being ordered for a neurological disorder.; 02/2016; It is not known if there has been any treatment or conservative therapy.; Right sided facial numbness, confusion, slurred speech, and r/o stroke. C/o laser surgery on bilateral eyes and since then right sided facial numbness. Patient reports some problems swallowing and feels speech is a little off. Denies any ringing in ears o

I'm seeing her for migraine headaches.&#x0D; She is describing a recent severe headache associated with a pop in her right hand. We will need an MR angiogram to rule out aneurysm &#x0D; History / Dx: &#x0D; Duration of Symptoms:Start: 03/28/2016 &#x0D; Physical Exam Findin; 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.

NAUSEA,FEELS HOT,FELT ILL,SENSATION RIGHT ARM TO NECK,CONFUSION,NECK DISCOMFORT,SPELLS,LEFT EYE IRITIS RIGHT FACE AND LIPS NUMB,2t CAROTIDS; This study is being ordered for a neurological disorder.; 2013 TO 2014; There has been treatment or conservative therapy.; FEELS HOT,SPELLS TRAVELING UP RIGHT ARM TO NECK,SHOULDER AND HEAD.CONFUSION,NUMB IN RIGHT FACE,LIPS,TIRED,IRITIS LEFT EYE,2t CAROTIDS,FEELING ILL,NECK DISCOMFORT; ATIVAN,ASPIRIN

Pain; This study is being ordered for a neurological disorder.; 01/16/2016; It is not known if there has been any treatment or conservative therapy.; Pt suffers with left side weakness.

R/O structural lesions.; This study is being ordered for a neurological disorder.; 2006; There has been treatment or conservative therapy.; Pt suffers with headaches; impaired vision; history of cerebral tumors.; unknown therapy.

r/o:aneurysms; History / Dx: Transient cerebral ischemia, unspecified type  
History / Dx: Memory loss and brain fog. Overall improved. MRI showed some atrophy. Episodes of confusion - even noticed while driving. 3-4/week at times. She's under a lot of stress; 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.

rule out aneurysm; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

The doctor wants to have an MRI brain and MRA brain to rule out any mass or occlusion.; This study is being ordered for a neurological disorder.; January 1, 2016 and headaches all her life; There has been treatment or conservative therapy.; Headaches in the right occipital and right frontal regional. Sharp and dull throbbing pain. The headache can last a whole week.; The vision change had been going on for 3-4 months with headaches. It consist of "blurry" vision with the headache.; BC powder 4/12/2016.; amitriptyline 1/12/2016.; Excedrin prn

The patient has what appears to be classic migraine. At this point in time, the visual disturbance seems to be more severe. If the headaches get to the point that they are more frequent, the doctor is a little concerned with her family history with her mother. This study is being ordered for a neurological disorder.; April 25, 2016; There has been treatment or conservative therapy.; She will lose her peripheral vision with these episodes. She states it is like tunnel vision on both sides and states it is not black. Her first episode lasted about an hour. The second lasted a little bit longer and the vision would kind of come and go. She is taking Ibuprofen

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.

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 2 weeks.; 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.

There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.

This is a request for a head and neck MR Angiogram.; There is an immediate family history of aneurysm.

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."

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.

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.

Trigeminal Neuralgia and headache both new onset; This study is being ordered for a neurological disorder.; 10/20/2015; There has not been any treatment or conservative therapy.; Headache with jaw pain

Will send for repeat MRI of brain w/wo to compare to previous study, Concerns of TIA, Vasculitis, Vertebral basilar insufficiency due to pulsatile tinnitus and vertigo; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Headaches and facial/temple pain, numbness, problems with balance and shooting pains in his neck. facial and jaw pain, numbness in his left arm and leg, ringing in ears blurred vision with balance. neck pain, chest pain tightness, memory loss, itching; Nortriptyline 25 mg q hs &#x0D; Robaxin 750 mg q 8 hours PRN

Facial numbness, confusion, slurred speech, and r/o stroke. See attached clinicals.; This study is being ordered for a neurological disorder.; 02/2016; It is not known if there has been any treatment or conservative therapy.; Right sided facial numbness, confusion, slurred speech, and r/o stroke. C/o laser surgery on bilateral eyes and since then right sided facial numbness. Patient reports some problems swallowing and feels speech is a little off. Denies any ringing in ears o

Pain; This study is being ordered for a neurological disorder.; 01/16/2016; It is not known if there has been any treatment or conservative therapy.; Pt suffers with left side weakness.

rule out aneurysm; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.

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. This is a request for a head and neck MR Angiogram.; There is an immediate family history of aneurysm.

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."

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.

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.

This is a request for a Neck MR Angiography.; The patient has one sided arm or leg weakness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.

Will send for repeat MRI of brain w/wo to compare to previous study, Concerns of TIA, Vasculitis, Vertebral basilar insufficiency due to pulsatile tinnitus and vertigo; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Headaches and facial/temple pain, numbness, problems with balance and shooting pains in his neck. facial and jaw pain, numbness in his left arm and leg, ringing in ears blurred vision with balance. neck pain, chest pain tightness, memory loss, itching; Nortriptyline 25 mg q hs &#x0D; Robaxin 750 mg q 8 hours PRN

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.



&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This 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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 01/20/2016; There has not been any treatment or conservative therapy.; MS

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 04/21/2016; There has been treatment or conservative therapy.; blurred vision, fatigue; iv steroids for three days.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2013; It is not known if there has been any treatment or conservative therapy.; facial drooping, and pain.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3 weeks prior; There has been treatment or conservative therapy.; pain in neck and left should, fatigue dizziness, numbness, and weakness; medication

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3/18/16; There has not been any treatment or conservative therapy.; weakness in lower extremities , migraine headaches, cluster headache, r/o spinal stenosis ,

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 6 months ago; There has been treatment or conservative therapy.; headache, nausea, vomiting; medication

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; one year history; There has not been any treatment or conservative therapy.; progressive weakness, abnormal gait, evaluating for multiple sclerosis

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; patient diagnosed with MS 2007; There has been treatment or conservative therapy.; blurred vision, lower extremity weakness and gate disturbance.; patient is on copaxon 3xs / week. 40 mg

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; several months - February 2016; There has been treatment or conservative therapy.; Pt is falling, dizziness, blurred vision, headaches and vertigo.; Pt has been given medication, maxil, necplasing

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; headache

&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.; ; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&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.; January 2016; There has not been any treatment or conservative therapy.; complaints of syncope and light headedness. sensations described as everything shifting beneath her feet. Happens through out the day. Exasperated by walking, sitting. Heart rate feels increased. She can no longer do her aerobics because of dizziness and

; This 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 request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

; 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.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

; 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.

; 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.

; 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.

; 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.

; 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 study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

; 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.; ; There has been treatment or conservative therapy.; Mr.Rosenbaum reports to clinic today for follow up. She reports that she continues to have multiple spells per day. Spells consist mostly of left arm extension with her right leg "coming up." She states these are brief lasting just a few seconds but can b;

; This study is being ordered for a neurological disorder.; 03/31/2016; There has been treatment or conservative therapy.; RECENT EXACERBATION OF MS WITH TUMEFACTIVE TX WITH STEROIDS.MS NEW SYMPTOMS OF VERTIGO.; RIZATRIPTAN 10MG.

; This study is being ordered for a neurological disorder.; Last visit date:10/12/2005; Date Diagnosed:2008; Last MRI:1/21/2015; Last Lab:10/12/2015; MS treatment history:Avonex, started Tecfidera 1/2015; There has been treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; Unknown; It is not known if there has been any treatment or conservative therapy.; Migraines

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/11/2015; There has not been any treatment or conservative therapy.; HA, SYNCOPE

2 years since MRI scans of her head and neck have been done to see if there is any significant disease progression; This study is being ordered for a neurological disorder.; January 2012; There has been treatment or conservative therapy.; numbness and tingling weakness some coordination difficulties of her left arm and swelling of her left arm; Rebif 3 times a week

21 year old male with alteration of awareness, tremor, dream acting behavior, recent PSG with ABN spike & wave discharge, concern for nocturnal frontal lobe epilepsy, 1 hour EEG WNL; 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.

27-year-old gentleman with previous history of seizure now with electrical shocks. I like to check his brain and his spinal cord. Could be degenerative spine disease. Also would like to check for any demyelinating lesions that could be causing these.; This study is being ordered for a neurological disorder.; 10 years ago but a recent increase in symptoms started about 3 years ago.; There has been treatment or conservative therapy.; He describes more of staring off into space or moving his hands mindlessly or sometimes small myoclonic jerks. frequent electrical jolts Jolts will go from the back of his head down through his arms and occasionally into his legs. Occasionally an electric patient has been treated with various medications in the past. He was tried on Topamax and Keppra.

33 year-old right-handed male who has been referred to me for evaluation and management of headaches and seizure-like spells since a child, but didn't seek treatment until 2014. His last episode was 6/13/16. The average episode could last for a few minu; 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.

50-year-old lady with migraine headaches and low back pain. I'm going to get an MRI of her brain and her lumbar spine. Greater occipital nerve blocks today. Bring her back in for the neuropathic symptoms in her feet with allodynia EMG. I'll also like ; This study is 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 2016; There has been treatment or conservative therapy.; Low back pain, She has allodynia in her feet. She has some left arm numbness as well as pain in her head. The pain yesterday was frontal and posterior. She is concerned that she drops things out of her left hand very frequently. She often has posterior h; She's been tried on Imitrex. She has also tried amitriptyline. and Topamax.



Abnormal MRI Brain without contrast that showed small focus of abnormal signal in the deep white matter of the posterior right frontal lobe with suggestion of similar tiny focus of signal and near the gray white junction of the same region. Considering he; This study is being ordered for a neurological disorder.; 3/16/16; It is not known if there has been any treatment or conservative therapy.; Headaches, numbness and tingling. Occasional neck pain, balance problems and dizziness. History of inner ear problems. Abnormal MRI Without contrast.

Acute onset (5/6/16) of spatial and directional orientation. Dysphasia with word finding difficulty. Dizziness and vertigo. Associated with headaches.; 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).

Also, gets very dizzy (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.

attention to pituitary protocol patient is having 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.

Benign physiological tremor, responded previously to Inderal. The patient does not want treatment for it at this time. &#x0D; Multiple nonspecific complaints consisting of fatigue, parenthesis, cognitive dysfunction. The patient appears to have some benign ey; This study is being ordered for a neurological disorder.; August 1, 2015; There has not been any treatment or conservative therapy.; Fatigue, muscle spasms, eye twitching, tremor

Brain MRI with and without contrast to rule out demyelination, tumor, ischemia, C spine MRI without contrast to rule out cervical myelopathy.; This study is being ordered for a neurological disorder.; January 2016; It is not known if there has been any treatment or conservative therapy.; headache, neck pain, blurry vision with headaches. sensitivity to light and noises with nausea daily. when she is driving she gets an electrical shock and her legs and hands don't work.

Clinical Information; History / Dx: R51 Headache disorder ; History / Dx: He was in a car accident in 2003. She was rear-ended. He had lower back pain. There was a disc herniation at L5-S1. Had surgery with a spinal surgeon in pulse. He didn't di; This study is being ordered for a neurological disorder.; 2003; There has been treatment or conservative therapy.; HEADACHES WORSENING,LOW BACK PAIN THAT ARE WORSENING,SEVERE AND DIBILITATING,NUMBNESS IN FEET AND LEGS,; History / Dx: SENSATION: Proprioception and vibratory sense intact in the toes. Light touch diminished in the left leg along the back of the calf an; FLEXERIL,TYLENOL #3 PRN,CLARITIN,PROAIR,UNISOM; CHIROPRACTIC CARE AND PHYSICAL THERAPY; EPIDURAL STERIOD INJECTIONS BUT DEVELOPED SPINAL HEADACHES WITH THESE.

Closed head injury w/ mild concussion. Headaches are post traumatic headache from injury.; 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.

Complaining of pain in the right side of her face and behind her right ear. Constant pain but has some shooting pain.; This request is for a Brain MRI; The study is 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.

Considering her complaints of memory loss with increase in falls would like to get an MRI Brain to further diagnostic evaluation. MRI C Spine due to her complaints of neck pain with associated numbness and tingling.; This study is being ordered for a neurological disorder.; two years ago; There has been treatment or conservative therapy.; feeling of falling forward, clumsy and bumping into things. restless legs, numbness and tingling to her arms. dizziness, complaints of memory loss and increase falls. staring spells and syncope.; Physical Therapy for her neck pain

Considering her complaints of persistent headaches with associated facial pain and vision changes, would like to send her for MRI Brain with contrast for diagnostic evaluation rule out possible demyelinating process such as Multiple Sclerosis. Would like ; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; Pressure to head and neck with associated facial pain, Pressure begins at her cheek bones and radiates up her head. complains of ringing in ears, dizziness, and numbness to both hands and feet that also occurs daily. she feels generally weak all over with; gabapentin

Considering her symptoms of fatigue to her lower extremities would like to send her for a MRI Brain to rule out possible demyelinating process such as Multiple Sclerosis. Would like to send her for a MRI C Spine to rule out Possible Multiple Sclerosis.; This study is being ordered for a neurological disorder.; 2/01/2016; It is not known if there has been any treatment or conservative therapy.; Numbness and tingling to both lower extremities. Both legs feeling fatigued and heavy. Pinched nerve in her neck

Considering the persistence of these symptoms, would like to send her for a MRI Brain, Cervical and Thoracic Spine with Contrast for further diagnostic evaluation to rule out possible underlying demyelinating process as Multiple Sclerosis.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; muscle spasms and weakness, Difficulty hearing, ringing in ears, occasional difficulty with swallowing. difficulty with controlling her bladder. occasional double vision, tremors to both hands.; Prednisone 20 Mg daily, &#x0D; Mestinon 60 mg TID for treatment for MG, Tizanidine 4 Mg.

CVA vs anxiety vs. cervical myelopathy, MRI brain w/wo contrast to rule out demyelination, ischemia or tumor; MRI C Spine wo contrast to rule out myelopathy as evidenced by right triceps weakness.; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; chest pain, Right sided weakness in leg and arm, trouble picking up his child with his right arm.

Daily Headache for a month. She states the headache is all over her head, with qualities of throbbing pulsating sensitivity to light and noises, nausea. She has almost daily migraine symptoms. She has had several years of headaches. MRI Brain with and w; This 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).  
daily intractable headaches upon awakening; 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.

demyelinating disease; This study is being ordered for a neurological disorder.; 5-5-16; There has been treatment or conservative therapy.; leg pain and weakness, numbness, gait disturbance, abnormal brain mri; medication

developmental delay, intention tremors and speech delay; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

discomforted is focused to the left side alone.; This study is being ordered for a neurological disorder.; Several years ago; There has been treatment or conservative therapy.; Headaches - Migraines, ringing in her ears, dizziness, numbness, tingling, weakness, vision changes including double vision. The most sever headache she has experienced in March.; Topamax

dizziness,; This 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).

Enter answer here - or Type In Unknown If No Info Given; . Probable MS exacerbation with vertigo, left leg numbness and weakness, and numbness both hands (the latter could be from thoracic outlet syndrome; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Enter answer here - or Type In Unknown If No Info Given; fatigue, headache,tingling tremor weakness.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Episodic left numbness and weakness suggest the possibility of TIA. The differential would include migraine aura without headache..; This study is being ordered for a neurological disorder.; , Ms. Carroll form age 5 to 16 suffered trance-like episodes of unresponsiveness. These were not evaluated and were not treated with medications. They cease to their own only to apparently resume in about January 2016.; There has not been any treatment or conservative therapy.;

Evaluate TIA stroke risk.; This study is being ordered for Vascular Disease.; 2001; There has been treatment or conservative therapy.; migraine headaches. blurred vision nausea. Photophobia and visual aura. Speech difficulty. Right sided Paresthesia; Prescription medications. Sumatriptin Fiorinal. Immitrex

Evaluated for epilepsy surgery due to increase in seizures.; 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.

Exam is worrisome for a central process such as multiple sclerosis or possible cervical or thoracic spine myelopathy. Will send her MRI of the brain, cervical spine, and thoracic spine to look for evidence of a demyelinating process or spinal cord stenosis; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; chronic headaches, right leg stiff, neck pain, muscle spasms and hyperactive bladder.

Facial droop; 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.

Facial numbness, confusion, slurred speech, and r/o stroke. See attached clinicals.; This study is being ordered for a neurological disorder.; 02/2016; It is not known if there has been any treatment or conservative therapy.; Right sided facial numbness, confusion, slurred speech, and r/o stroke. C/o laser surgery on bilateral eyes and since then right sided facial numbness. Patient reports some problems swallowing and feels speech is a little off. Denies any ringing in ears o

FOLLOW UP MRI FOR MULTIPLE SCLEROSIS BEFORE HER APPT IN HOUSTON, TX. &#x0D;  
DURATION OF SYMPTOMS NOW: 04/28/2016; This study is being ordered for a  
neurological disorder.; 02/12/2015; There has been treatment or conservative  
therapy.; Gait issues, weakness, CTS, drops things, feet and hands are chronically  
numb, fine motor skills are difficult for her. Fatigue, bladder issues. Burning legs.;  
AMPYRA, SOMA, TECFIDERA, EPITOL, PREDNISON, ESTRADIOL &#x0D; LABS DRAWN FOR  
FOLLOW UP, LAST MRI 1 YEAR AGO, HAS APPT IN Houston, Texas in July, does exercises.  
follow up; This study is being ordered for a neurological disorder.; unknown; There has  
been treatment or conservative therapy.; MS; unknown  
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.; 2013; There has been treatment or  
conservative therapy.; DAILY HEADACHES, MODERATE HEADACHES 3 TIMES A WEEK,  
VERY SEVERE HEADACHES 1-2 TIMES PER MONTH, MODERATE HEADACHES ARE  
SEVERE ENOUGH TO KEEP HER FROM EATING OR DRINKING, DIZZINESS, BLURRED  
VISION, NAUSEA, VOMITING,; VERAPAMIL, DEPAKOTE, TORADOL, DHE INTRANASALLY,  
ACUPUNCTURE  
GENERALIZED TONIC-CLONIC SEIZURE, VERTIGO, BLACKING  
OUT, N/V, CONFUSION, CHEEK BITE, SHAKING, STIFFNESS; 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.

Given patient new concern of hemi numbness with pain and spasm. will send her for an MRI of her brain with and without contrast MS protocol which should compare to her previous normal scan during her hospitalization in August. Will also check an MRI of he; This study is being ordered for a neurological disorder.; Unknown; It is not known if there has been any treatment or conservative therapy.; Muscle spasms and numbness along her upper back and over her right leg, thigh and calf over the past several weeks. Occasional tremors, problems with walking and balance, occasional numbness and tingling in her extremities. episodes of dizziness and occas

He had and EMG/NCV on 6/09/2016 which was normal. The doctor would like to proceed with an MRI of the brain and MRI c-spine to rule out anything cervical or demyelinating.; This study is 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 1, 2016; There has been treatment or conservative therapy.; He states he is not sure if it came on suddenly or has been gradually coming on, but he just noticed that he had numbness three months ago. It started out kind of in his index finger of the right hand and then progressed to the middle and sometimes the ri; He has had a CT of his head without contrast which was normal as well as a CBX and a PSA which were normal.

Headaches began at least 10 years ago but have increased in frequency over the past year. She reports 2 migraines per month with each lasting about 3 days. They are left retro-orbital and radiate to the left side of her head and down her neck. does repo; 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.



HEADACHES HAVE INCREASED IN FREQUENCY AND DURATION; This 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).

Her history and physical would suggest the presence of central nervous system disease involving either the brain or spinal cord. Examination would be supportive of that with her hyperreflexia especially in someone who has had a history of chemotherapy. Th; This study is being ordered for a neurological disorder.; March 5, 2016; There has been treatment or conservative therapy.; Visual disturbance, right arm numbness; Her primary doctor did some studies on her; echocardiogram, carotid Doppler study, and Holter monitor which were all within normal limits

his patient is being evaluated today in regards to memory loss primarily noticed by his wife. The patient appears to have primarily short-term memory difficulties. He did not score well on a recently administered mini-mental status examination in his pr; This request is for a Brain MRI; The study is 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.

History / Dx:H53.2 Diplopia Woman on medication for anxiety and depression complains of 6m/h/o intermittent diplopia. Initially just when tired, but now daily, at any time of day. Sometimes horizontal, rarely vertical. Binocular. Lasts 30-60 min. Look; 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.

History of unresponsiveness. Light-headed. Losses consciousness. Nauseous. Twitching.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

History:Marcell is here today for a follow visit today for his problems with neuromyelitis optica. He does not have any new symptoms or problems, last infusion of Rituxan was February 2015. He continues to have skin disorder that causes itching and uses t; This study is being ordered for a neurological disorder.; History:Marcell is here today for a follow visit today for his problems with neuromyelitis optica. He does not have any new symptoms or problems, last infusion of Rituxan was February 2015. He continues to have skin disorder that causes itching and uses t; There has been treatment or conservative therapy.; Plan/Assessment: 1. NMO, relapsing remitting, stable on Rituxan. Will schedule next infusion and then will infuse every 6 months. 2. Lab: PBLD, CBC, CMP, TSH, Vitamin B12, Vitamin D today; 3. Call infusion center to schedule next Rituxan; 4. MRI-Brai; MS treatment history:Imuran 150mg daily. 4/13/2012-stop Imuran, start Rituximab 1000mg in 2 weeks, and will repeat 2 weeks later then every 6 months. I will ask Joanne Conley our financial counselor to have preapproved prior to infusion. 5/21/2012-tolerat

I have advised him to have an MRI of brain and C-Spine to determine the extent of degenerative disc disease and he would be started on appropriate treatment after reviewing the results of the study. In the meantime he has to avoid any abrupt movements of ; 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.

Impatience, lack of concentration, difficulty with crowds, difficulty keeping a job, unable to live alone, head injury at age 3, went flying off the handlebars of his sister's bike when she hit the curb and "broke his skull like an egg". Spent two year in; 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.

Intractable chronic migraine without aura and with status migrainosus &#x0D; History / Dx: Woman c RA and OA in lots of joints, waiting to get in c new rheum. Also sarcoidosis involving skin and cervical lymph nodes.&#x0D; c/o HAs since teen, used to be several; 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.

INTRACTABLE EPISODIC HEADACHE,PAIN IS BILATERAL,BEHIND EYES AND ON TOP OF HEAD,,THROBBING,SEVERE PRESSURE,NAUSEA,VOMTING,ORTHOSTATIC SYNCOPE,ABD PAIN; 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.

Left leg numbness. Tingling and burning in the left leg.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 vertigo

Left leg pain, tingling and numbness, Burning pain in both sides of her feet.; This study is being ordered for a neurological disorder.; about 1 month ago; It is not known if there has been any treatment or conservative therapy.; Numbness and pain in her legs limb numbness and gait change, fatigue, cant control bowel or bladder, blurred vision, falls;; 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.

Memory loss and confusion progressively worsening; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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.

MEMORY LOSS GOING ON FOR 1.5 YEARS AND IS GETTING WORSE. HAVING SOME BEHAVIOR ABNORMALITIES WITH MOOD SWINGS. R/O ANY 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.

Memory loss, worsening. Change in personality. Involuntary twitching of both legs, movements worsen at night. Loss of balance. 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 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.

MEMORY LOSS,DIFFICULTY FINDING WORDS,HEADACHES,CONFUSION,DIZZINESS,UNSTEADINESS,FATIGUE,JOINT PAIN,INSOMNIA,RULE OUT CVA; 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).

Mild cognitive impairment worsening recently/MRI Brain ordered to exclude a structural cause for the 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.

Mr Sanders presents for new patient evaluation for numbness from chest, arms, hands and fingers. He states it can happen once a week, or sometimes a few days a week. He states at times it goes up into his neck. He states he can still function but it makes ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Mr Sherman is a 49 year old right handed male who presents for follow up post CVA. Since his last visit he has undergone neck surgery on 2/10/16 and is back at work. He states his job is making his neck hurt. He states that overall he is doing better but ; This study is being ordered for a neurological disorder.; 4/27/16; There has been treatment or conservative therapy.; Dragging his left leg and states he is in pain , He states a few times after his surgery he looked up and then down and then his eyes vibrated left and right and he states the room was spinning. Low back pain with radicular pain to left leg,; Home exercises and communicate with his surgeon

Mr. Castillo presents for memory loss. He states his wife is a licensed professional counselor and feels he has ADD. He states in February he could not remember what a restroom was called. He has thought he turned an oven off and left food in it to finish; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

MRI Brain and C Spine with contrast MS protocol, To check for new lesions.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2004; There has been treatment or conservative therapy.; hurting all over, and she has optic neuritis in left eye and is legally blind; Tysabri

MRI Brain w/wo contrast to rule out tumor, ischemia, demyelination, MRA Head to rule out aneurysm severe unilateral new headache with feature of complex migraine tinnitus.; This study is being ordered for a neurological disorder.; 05/13/2016; There has been treatment or conservative therapy.; Headaches happens all day every day. Sensitivity to light and noises and the left side of her body went weak and she could not stand up. She complains of tinnitus a low steady buzz at times. Her pain is always on the left side of her head; Butalbital &#x0D; Hydrocodone and naproxen &#x0D; Topamax per protocol titrate up to 100 mg BID &#x0D; Zipsor

MRI Brain with contrast and c spine with MS protocol, to r/o demyelination. Her PCP sent her to get an MRI of her brain without contrast and was told she had demyelinating, ventricular changes.; This study is being ordered for a neurological disorder.; 4-5 months patient office visit was on 4/6/16; There has been treatment or conservative therapy.; Balance changes and falls. complains of shaking, losing her balance and falling. Complains of weakness blurred vision ringing in ears, double vision. Complains of stiffness and locked knees.; she is taking Xanax for tremors 2 q am and 1 q pm, &#x0D; she takes Hydrocodone 5-325 mg 1 tablet PRN pain, &#x0D; Lyrica 150 mg 1 tablet BID, Flexeril 10 mg Q hs

MRI Brain with contrast to rule out ischemia, tumor, seizure focus, and MRA Head and Neck to r/o aneurysm/dissection patient complains of tinnitus on left side, no family history of aneurysm. MRI C Spine to rule out degenerative disc disease, radiculopath; This study is being ordered for a neurological disorder.; November 2015; It is not known if there has been any treatment or conservative therapy.; Nausea, Dizziness and headache. Blurriness, tremoring on the left side of her head and describes it as happening at night and had swelling in her head. left side of face felt like it was spasming. Tinnitus in her left ear. history of neck pain with radi

MRI of the brain 2013 for headache was normal; 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.

Ms King presents for new patient evaluation of headaches. She states they started in high school. She states she has worsening headaches on her cycle and when she eats pork. She has frequent headaches even when not eating pork. She states it is worse on ; This 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).



Ms Rose is a 54, year old female who presents for numbness in hands and feet pain, shooting down legs and across back. She states this started in 2012 and occurs daily. She fell Yesterday and is in pain 10/10 in low back but she did not go to ER. She states; This study is being ordered for a neurological disorder.; 2012; It is not known if there has been any treatment or conservative therapy.; Numbness in hands and feet, pain shooting down legs and across back, Falls, Hyperreflexia

Ms Tidwell presents for new patient appointment post CVA. she states she has sleeping problems. She was worked up for MS. She is on aspirin for blood thinner. Her MS panel on LP was negative. She had brain C and T Spine MRIs. She was treated with Steroids; 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.

Multiple sclerosis (G35).&#x0D; Probably has exacerbation, the question is where in CNS--brain or cord. Had new enhancing brain lesion in July 2015 but it was felt to wait before changing meds. Went over data re PML with orals. Will try IV steroids without ; This study is being ordered for a neurological disorder.; 3/2014; There has been treatment or conservative therapy.; RRMS,GAIT ISSUES,DRAGGING RIGHT FOOT,FEELS UNSTEADY,RIGHT THIGH NUMB,INCREASED FATIGUE,EXHAUSTED,VERY CONCERNED RE PML; COPAXONE,GABAPENTIN,MOBIC,TYLENOL,BACLOFEN,CLONAZEPAM,TYSABRI IN THE PAST,JC+.,STEROID MEDS,SEEING DR OUT OF STATE IN ST LOUIS,

Multiple sclerosis (G35).&#x0D; She will require follow-up MRI imaging of her brain and cervical spine. She will have a CMP and CBC. She might require follow-up with hematology depending on those results. We will try to reestablish her with Dr. Haws as 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.; 03/22/2016 THIS ONSET; There has been treatment or conservative therapy.; INJECTION SITE REACTIONS WITH MED,LEGS HAVE LESS DEXERITY AND POSSIBLE SPASTICITY&#x0D; MULTIPLE SCLEROSIS FOLLOW UP&#x0D; GAIT DISTURBANCE,NECK PAIN; PATIENT IS ON BETASERON INJECTIONS&#x0D; REESTABLISH WITH HER PRIMARY CARE&#x0D; LABWORK DRAWN&#x0D; MRI BRAIN,MRI C SPINE ORDERED&#x0D; FOLLOW UP VISIT IN 1 MONTH

Multiple sclerosis (G35).&#x0D; we are rechecking MRIs of her brain , C and T spine this week. She is having urinary retention and has an indwelling catheter now, she is going to see Dr.Pickleman Friday at 10:30 and having the MRIs friday morning..; This study is being ordered for a neurological disorder.; The symptoms are reported as being severe. The symptoms occur constantly.; There has been treatment or conservative therapy.; Constitutional&#x0D; \*&#x0D; Overall appearance - chronically ill-appearing.&#x0D; Extremity&#x0D; Normal&#x0D; No edema.&#x0D; Neurological&#x0D; \*&#x0D; Memory - mildly impaired short term memory. R eye deviates lateral while Left eye is looking forward at times then moves back into center Ba; She is taking Tecfidera daily and we plan to check a CBC today.

MULTIPLE SCLEROSIS FOLLOW UP; This study is being ordered for a neurological disorder.; 1/2011; There has been treatment or conservative therapy.; MULTIPLE SCLEROSIS, BRAINSTEM LESION, LESION IN THE SUBCORTICAL WHITE MATTER IN THE LEFT POSTERIOR FRONTAL REGION, LESION IN THE RIGHT ANTERIOR CORPUS CALLOSUM, LEG PARESTHESIAS,EXTREMITY NUMBNESS,; HIGH DOSE STEROIDS, IVIG, COPAXONE

Multiple Sclerosis; This study is being ordered for a neurological disorder.; 2011; There has been treatment or conservative therapy.; patient has been diagnosed with Multiple Sclerosis; patient has been closely monitored on MS medications and has yearly imaging to check her disease burden.

Multiple Sclerosis; This study is 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.; Muscle spasms, numbness, tingling , Cognitive slowing , Disequilibrium; medication . pain management , sees a psychiatrist . Physical therapy

Natasha Northweather is a 32 year old female who comes in today for episodes of waking up feeling paralyzed. She reports a total of three episodes over the past two years. The first episodes occurred during an afternoon nap. When she woke up she felt like; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

NEUROSARCOIDOSIS,SHORTNESS OF BREATH,DIZZINESS,DEBILATING FATIGUE,NAUSEA,HEADACHES, WHOLE BODY PAINS,BACK PAIN,NECK PAIN,R/O REOCCURENCE; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; Is is not known if the patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; 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.

New onset headache, abnormal CT; 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.

NON CEPHALGIC MIGRAINE WITH LEFT FORTIFICATION SPECTRA AND RIGHT FACIAL DROOP.; History of Present Illness:; 1. Vision Changes ; The symptoms began 1 week ago. had dental procedure on the left last week that last 2 hours in chair. Now having trouble focu; 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.

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.

None; This study is being ordered for a neurological disorder.; 10/2015; There has not been any treatment or conservative therapy.; Pt c/o muscle spasm of both legs, question of lesion in central nervous system. Numbness and tingling down BILAT legs.

none; This study is being ordered for a neurological disorder.; 3/11/2016; There has not been any treatment or conservative therapy.; Left sided numbness weakness Pain; This study is being ordered for a neurological disorder.; 01/16/2016; It is not known if there has been any treatment or conservative therapy.; Pt suffers with left side weakness.

Patient has been referred to me for evaluation and management of headaches that have bothered her for the last several years which has worsened in the last several months. It would usually start in posterior head radiating to Lt temporal then across for; This 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).

Patient 23 year old woman with several odd episodes. She said that for the last few months she has had episodes where her legs will become shaky and jittery and her legs won't work. When she got into the hallway she was cognizant of her surrounding but not; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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. patient complains of fatigue, high anxiety and dizziness. would like to get an MRI to rule out demyelination, tumor or ischemia; 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.

Patient complaints of memory loss that began about 5 years ago however is getting increasingly worse. Considering his complaints of worsening memory would like to start with a Neuro-psych evaluation for further diagnostic evaluation of this memory loss. C; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Patient had a CT done on 03/29/16. CT was read as showing moderate atrophy and a low density area in the basal ganglia on the left consistent with encephalomalacia. The patient does drink heavily and admits to drinking half a pint a day.; 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).

Patient has been falling. Leg pain, back pain, and weakness. looking for neurologic reason for falls.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo

Patient has been having more headaches 2 to 3 days per week and just got more and more frequent and more intense over the past 3 months. She started having headaches every single day and has had headaches every single day for 2 or 3 weeks and then on Apr; 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. patient has more cognitive issues, more difficulty with balance; This study is being ordered for a neurological disorder.; august 5-2015; There has been treatment or conservative therapy.; left hemiparesis, difficulty with balance, dizziness, chronic daily headaches; Copaxone

patient has multiple sclerosis.; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; patient has multiple sclerosis. this is a confirmed diagnosis.; medication management and continuous monitoring with imaging.

Patient has papilledema that with obesity raises concern of Pseudotumor Cerebri, therefore will proceed with spinal tap and mri; This study is being ordered for Vascular Disease.; October 2015; There has been treatment or conservative therapy.; Migraines, papilledema, blurred vision; Several medications

Patient has severe pain in the middle top of her head. Pain also radiates to neck and into her back. Also while having headache she gets nose bleeds that last about 5 minutes. On occasion patient gets an aura with headache and when this happens she gets s; 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.

Patient is having increased memory disturbance with a diagnosis of Neurofibromatosis. They areas are on his forehead and we are trying to make sure that this disease has not spread to the nerves in his brain to cause memory disturbance.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Patient is here today to review recent MRI C Spine results. He complains of numbness and tingling his neck, feet and fingers as well as frequent headaches. He also complains of frequent neck pain and further explains that when he looks down he feels as th; 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.

Patient of 32 yo lh female with 2 years h/o episodes of pain, numbness, and tingling sensation in all her extremities that usually is worse in the left hemibody. She also stated itchy sensation in all her body. Sometimes she has imbalance gait, and some i; This study is 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; It is not known if there has been any treatment or conservative therapy.; Patient of 32 yo lh female with 2 years h/o episodes of pain, numbness, and tingling sensation in all her extremities that usually is worse in the left hemibody. She also stated itchy sensation in all her body. Sometimes she has imbalance gait, and some i

Patient with a bell's palsy, papilledema and papillitis needs MRI to r/o intracranial cause; 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.

Patient with stroke on CT, headache and memory loss; 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).



Plan/Assessment: 1. Multiple Sclerosis, relapsing remitting, restart Aubagio while waiting on Lemtrada to be approved by her insurance 2. Recommend permanent disability within a reasonable medical certainty related to MS fatigue that renders her unable; This study is being ordered for a neurological disorder.; Here today for a follow up visit for her problems with multiple sclerosis. In past few days new onset of numbness on left side of face that comes and goes. She continues to struggle with severe fatigue and had to quit work in January due to disabling fati; There has been treatment or conservative therapy.; Plan/Assessment: 1. Multiple Sclerosis, relapsing remitting, restart Aubagio while waiting on Lemtrada to be approved by her insurance 2. Recommend permanent disability within a reasonable medical certainty related to MS fatigue that renders her unable; Here today for a follow up visit for her problems with multiple sclerosis. In past few days new onset of numbness on left side of face that comes and goes. She continues to struggle with severe fatigue and had to quit work in January due to disabling fati

PROBLEM #1: Memory loss and brain fog. Overall improved. MRI showed some atrophy but no worrisome neurological diseases. She is on B12 replacement. Level was 424. She feels her memory loss and brain fog did get a bit better on the B12. EEG testing wa; This study is being ordered for a neurological disorder.; December 2014; There has been treatment or conservative therapy.; PROBLEM #1: Memory loss and brain fog. Overall improved. MRI showed some atrophy but no worrisome neurological diseases. She is on B12 replacement. Level was 424. She feels her memory loss and brain fog did get a bit better on the B12. EEG testing wa; B12 replacement

Pt c/o paresphesias in feet and arm and L side of face, headache (r51); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). Pt is having frequent seizures on a monthly basis; 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.

pt. complains of headaches, memory loss, and now has ataxia; 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.

R/O Aneurysm; This study is being ordered for trauma or injury.; headaches 2003; injury unknown date; There has not been any treatment or conservative therapy.; headaches, facial pain, ringing in ears

R/O structural lesions.; This study is being ordered for a neurological disorder.; 2006; There has been treatment or conservative therapy.; Pt suffers with headaches; impaired vision; history of cerebral tumors.; unknown therapy.

R/O TUMOR, HEADACHE DISORDER BRAIN FOG, POSITIVE FATIGUE, DIZZINESS, SICCA SYNDROME, POSS. SIOGGRENS, HEARING BLUNTED; 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.

Repeat MRI Brain June 2016. Questionable Demyelination: MRI Brain 1/7/16  
Impression Few small FLAIR hyper intensities in the deep white matter of the left cerebral Hemisphere, seen on image #14 of series 4. This is very nonspecific and may represent a si; 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).

Repeat MRI Brain with and without contrast for follow up evaluation of persistent headaches. Would also like to send him for an EEG to rule out possible seizure activity considering his reports of two episodes of passing out. Will also consult Dr. Doyle t; This study is being ordered for a neurological disorder.; 2015; It is not known if there has been any treatment or conservative therapy.; Headaches and dizziness. Headaches that begin behind his left eye. He reports that this is throbbing in nature. Passed out twice and experienced difficulty with word finding during these headaches. vision to left eye has been some what blurry

Review of Systems &#x0D; Constitutional: Positive for fatigue. &#x0D;  
Musculoskeletal: Positive for back pain, gait problem and neck pain. &#x0D;  
Neurological: Positive for dizziness and weakness. &#x0D; Psychiatric/Behavioral:  
Positive for sleep disturbance. &#x0D; All other sys; 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.  
rule out aneurysm; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Rule out seizures.; This study is being ordered for a neurological disorder.; 5/10/2016;  
There has not been any treatment or conservative therapy.; trimmers numbness,  
dizziness, weakness, difficulty speaking, difficulty walking, head bobbing, jerking,  
stiffening, back pain. neck pain, insomnia.

S/P eye exam weight loss scattered visual field deficits; This study is 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.; Bilateral  
papilledema H/A

same; This study is being ordered for something other than: known trauma or injury,  
metastatic disease, a neurological disorder, inflammatory or infectious disease,  
congenital anomaly, or vascular disease.; october 2015; There has been treatment or  
conservative therapy.; Dizziness, vertigo with headache, worsening last several  
months; Medications, ENT

several falls; This study is being ordered for something other than: known trauma or  
injury, metastatic disease, a neurological disorder, inflammatory or infectious disease,  
congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type  
In Unknown If No Info Given &gt;; It is not known if there has been any treatment or  
conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If  
No Info Given &gt;;

She complains of pain in her face that has spread to her tongue and lip on the right.  
She has tried lyrica that is not helping. She has tried carbamazepine that did not help as  
well. She states the procedure at Arkansas Spine and Pain did not help. She co; 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 not intermittent or new  
neurological symptoms or deficits such as one-sided weakness, speech impairments, or  
vision defects.

She states she went to ER for pericarditis bronchitis 1 month ago and had absence seizures on 4/19/16, and 4/21/16. She states she had several PCP appointments and was told to come back if she was worse. She went to ER on Thursday night due to feeling like ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Since her MRI in January, the radiologist recommended repeat study 3 months down the road, so that would be in April. To clarify these issues we will go ahead with the CT angiogram and a repeat MRI scan to see if the evolution of that right cerebellar peduncle; This study is 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 11, 2016; There has not been any treatment or conservative therapy.; The pt got dizzy and nauseated. She also had problems writing which she is right handed and she couldn't walk very well. She then went to her primary doctor and they did a ct and mri and it showed evidences of a right cerebellar peduncle ischemic lesion

Started after her pregnancy in 2007. They have gotten worse over time. It is hard for her to describe the headache. Not really pounding or throbbing. Positive nausea. Her eyes are usually closed when the headaches come on, but does not seem to clearly ; 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.

Suspected TIA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2011; There has been treatment or conservative therapy.; Episodic vertigo, nausea, ataxia, hearing loss in left ear, expressive aphasia, blurred vision; Meclizine was taken for Vertigo symptoms.

The doctor wants to have an MRI brain and MRA brain to rule out any mass or occlusion.; This study is being ordered for a neurological disorder.; January 1, 2016 and headaches all her life; There has been treatment or conservative therapy.; Headaches in the right occipital and right frontal regional. Sharp and dull throbbing pain. The headache can last a whole week.; The vision change had been going on for 3-4 months with headaches. It consist of "blurry" vision with the headache.; BC powder 4/12/2016.; amitriptyline 1/12/2016.; Excedrin prn

The doctors would like these studies to rule out tumor or lesion since the headaches have only been going on for a couple of 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.; June 6, 2016; There has been treatment or conservative therapy.; Pt has been having sever headaches for two weeks. In the bilateral occipital area. The headaches are increasing over an hour period. Sneezing, nodding makes the headache worse. Photophobia and phonophobia along with blurry vision.; Ibuprofen

The patient has Multiple Sclerosis, on Tecfidera and needs follow up MRI studies of the brain and neck to evaluate for any new MS lesions of the brain or cervical 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.; Multiple Sclerosis diagnosed around May, 2012. The patient is currently on Tecfidera. Requesting yearly MRI of the brain to evaluate for any new lesions and MRI of the cervical spine to also evaluate for any new MS lesions; There has been treatment or conservative therapy.; The patient will have occasional headaches and some numbness and tingling in her upper extremities; Patient has been treated in the past with oral steroids, Rebif and is currently taking Tecfidera.

The patient has what appears to be classic migraine. At this point in time, the visual disturbance seems to be more severe. If the headaches get to the point that they are more frequent, the doctor is a little concerned with her family history with her mother; This study is being ordered for a neurological disorder.; April 25, 2016; There has been treatment or conservative therapy.; She will lose her peripheral vision with these episodes. She states it is like tunnel vision on both sides and states it is not black. Her first episode lasted about an hour. The second lasted a little bit longer and the vision would kind of come and go. She is taking Ibuprofen

The patient is a 43 year old male with complaints of transient episodes in which his arms and legs become jumping or spasm. He had EMG and nerve conduction studies showing mild carpal tunnel syndrome but no evidence of a large fiber neuropathy. He continues; 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.

The patient is a 45 year old woman who was in her attic on 2/17/16 when she fell through the plasterboard. The ceiling of the floor below her was ten feet below the floor. She fell at least ten feet. She tried to catch herself and ended up landing on her ; This study is being ordered for a neurological disorder.; 2/17/16; There has been treatment or conservative therapy.; Headaches, pain in lower back; Amitriptyline 25mg going to 75mg and Meclizine 25mg P.O t.i.d p.r.n

The patient is a 54 year old woman who come in with tremor. The patient says that he tremor occurs mostly when she is trying to do something. She also has spastic speech. This has been going on for twenty years and has been getting worse. She was original; 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.

The patient is a pleasant 63 year old female with a history of a prior stroke due to atrial fibrillation who is now on Eliquis.. There was also a concern of a possible demyelinating process given the area of enhancement on her scan, but this was felt to b; 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).

The patient is having numbness on the right chin, breast, elbow and right hand. She is also having some vision problems along with the numbness. The doctor wants to rule out Multiple Sclerosis with and MRI of the brain also an MRI of the c-spine.; This study is being ordered for Inflammatory/ Infectious Disease.; JUNE 1, 2015; It is not known if there has been any treatment or conservative therapy.; NUMBNESS IN THE CHIN, RIGHT ELBOW, BREAST AND RIGHT HAND.



The patient isn't having any MS flare-ups or exacerbations. She is tolerating her Copaxone well. No injection site reaction or side effects. Repeat MRI's in June of this year, which will actually be 2 years, and to see the patient back in clinic after the; This study is being ordered for Inflammatory/ Infectious Disease.; October 15, 2012; There has been treatment or conservative therapy.; yearly MS follow up on the patient's MRI and to return to clinic after her image; Copaxone 20 mg subcu daily

The patient underwent a MRI of the brain performed on 5/6/15. The study revealed a small foci of increased FLAIR signal in the left posterior periventricular white matter. There is a possibility that this could represent mild, early multiple sclerosis a; 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.

This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.

This patient describes memory loss and transient apraxia which is getting worse. In addition, she has a rightsided tremor and a right facial tremor which seems to be getting worse. She has some difficulty with following commands in her left foot. She is; This study is being ordered for a neurological disorder.; 6 years ago; It is not known if there has been any treatment or conservative therapy.; Memory Loss, Tremors, Falls

This 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.

This 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.

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.

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.

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).

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.

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.

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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

This request is for a Brain MRI; The study is NOT 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.

This request is for a Brain MRI; The study is NOT 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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).

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 Multiple Sclerosis.; The patient has new symptoms.

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).

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.

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).

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.

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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a new seizure.; This is a new patient.

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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.; This is a new patient.

Thus far no clear evidence for MS. I have seen cases where an MS panel is positive prior to changes on MRI. Will send her for MRI brain, cervical spine, and thoracic spine all with and without contrast to look for any evidence of a demyelinating 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.; 2 years ago; There has not been any treatment or conservative therapy.; headaches, vision changes and dizziness. blurred vision. pressure like pain all over head. occasional nausea with headaches. history of vision loss of one eye

To complete her workup she will be sent for a VER given her visual disturbances. Will start on Baclofen for her spasticity and Amantadine for her fatigue. She is to restart her B12 injections and start a vitamin D supplement. She will need a follow up 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.; 05/2015; There has been treatment or conservative therapy.; History of numbness and tingling in her lower extremities for the past eight years. She was having symptoms of difficulty walking and problems with her bladder control. She is still having a lot of weakness in her lower extremities with spasticity. She st; Prednisone taper, &#x0D; Aubagio for the past four months along with Zolof. &#x0D; Baclofen &#x0D; Amantadine for fatigue

To follow up evaluation of Multiple Sclerosis.; This study is 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.; Headaches, and ringing in ears as well as dizziness. difficulty with speaking, swallowing, and occasional incontinence. and double vision; Tecfidera and Plegridy

to rule out demyelination, ischemia or tumor; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Trigeminal Neuralgia and headache both new onset; This study is being ordered for a neurological disorder.; 10/20/2015; There has not been any treatment or conservative therapy.; Headache with jaw pain

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).



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.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation) unknown; 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.

Unknown; 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.

unknown; This study is being ordered for a neurological disorder.; 01/2016; There has been treatment or conservative therapy.; dizziness, vertigo, ABN gait, problems with lower extremities; cardiology

unknown; This study is being ordered for a neurological disorder.; 03-28-2016; There has been treatment or conservative therapy.; Numbness, tingling, blurred vision, facial droop, double vision,; Medications, PT,

Unknown; This study is being ordered for a neurological disorder.; 3 to 6 months ago; There has been treatment or conservative therapy.; burning pain on the right side of her body; Neurotin 300 mg. p.o. t.i.d.&#x0D; nerve conduction velocity of both arms unknown; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; Muscle cramps, right hand shaking,

Vertigo, Headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

We have recently done an MRI brain without contrast, which revealed several different possible diagnosis. The interpreting radiologist states that further evaluation is needed and that an MRI Brain with contrast should give better and additional images fo; 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.

Weakness &#x0D; Onset was 2 months ago. Location includes right foot. Additional information: No pain and numb or tingling. Big toe extensor ok but ant tib weak. Foot drags. No LBP. No othe neuro issues. Torn meniscus right knee-Arnold.EMG/NCV-NEG DIAGN; 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.

weakness in her lower left extremity; This study is being ordered for a neurological disorder.; 7/2013; There has been treatment or conservative therapy.; FATIGUE, memory impairment, balance and gait, tremors; yearly check up to check progress of the disease, last MRI was a year ago, follow up for MS

WHITE MATTER DISEASE,LOWER LIMB SWELLING,TOES PURPLE,NARCOLEPSY,NIGHT SWEATS,R/O MS,EXCESSIVE HYPERSOMNOLENCE,COMPARE TO OLD SCAN; 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.

Will send for repeat MRI of brain w/wo to compare to previous study, Concerns of TIA, Vasculitis, Vertebral basilar insufficiency due to pulsatile tinnitus and vertigo; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Headaches and facial/temple pain, numbness, problems with balance and shooting pains in his neck. facial and jaw pain, numbness in his left arm and leg, ringing in ears blurred vision with balance. neck pain, chest pain tightness, memory loss, itching; Nortriptyline 25 mg q hs &#x0D; Robaxin 750 mg q 8 hours PRN WORSENING HEADACHES,MORE FREQUENT HEADACHES,THROBBING HEADACHES WITH PHOTO AND PHONOPHOBIA,PATTERN CHANGE,NAUSEA; 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.

Would like to get a brain MRI to rule out central process such as multiple Sclerosis. Will also send for cervical MRI w/wo to rule out reoccurring disc or infection or MS Lesion in her cord. Will send her for labs to check for an autoimmune disease, for 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.; 5/26/15; There has been treatment or conservative therapy.; Neck pain, Stiffness, and difficulty walking over the past few years. She has had surgery over her cervical and lumbar region by Dr. Burson few years prior. States she continues to have numbness and weakness in her arms and legs, right greater than left, ; Neurontin 600mg, &#x0D; Flexeril 10mg , &#x0D; Norco 10/325mg q4hrs PRN&#x0D; Meloxicam 15mg daily &#x0D; Klonopin 1mg BID Seizure disorder; Yes, this is a Functional MRI Brain.

"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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non 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.; Doctor wants to rule aneurysm, chest pain on the left side on 4/16; There has been treatment or conservative therapy.; weakness and numbness.; EKG Stress test on 4/10.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. Abnormal MRI possible tumor; This study is being ordered for a neurological disorder.; September 2015; There has been treatment or conservative therapy.; Paresthesias fatigue weakness;

IPSILATERAL HORNER'S SYNDROME Headache &#x0D; Onset: 2 weeks ago. It occurs intermittently. Location is ocular right. The describes it as sharp. Context: history of migraine. Relieving factors include OTC meds and prescription drugs. Additional informa; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

More lesions were discovered Test needed to rule out tumor; This study is being ordered for a neurological disorder.; September 2015; There has been treatment or conservative therapy.; Headaches paresthas weakness fatigue; MS medications

Ms Rose is a 54, year old female who presents for numbness in hands and feet pain, shooting down legs and across back. She sates this started in 2012 and occurs daily. She fell Yesterday and is in pain 10/10 in low back but she did not go to ER. She sates; This study is being ordered for a neurological disorder.; 2012; It is not known if there has been any treatment or conservative therapy.; Numbness in hands and feet, pain shooting down legs and across back, Falls, Hyperreflexia

pt has a dx of MG and and has parathyroid recurrence and currently on Mestinon; It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;&#x0D; PATIENT UNDER WENT SURGERY ROTATOR CUFF, SUREGERY TO THE LEFT ARM, HAS ALOT OF PAIN TO THE SHOULDER AND BACK ABDUCTIONG HIS LEFT THUMB.; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; unknown

This study is being ordered for inflammatory disease.; The ordering physician is a surgeon or pulmonologist.; This is a request for a chest MRI.

Pt has a cold compression and deformity found on MRI. MDO is wanting to r/o radiculopathy for possible surgery. Also going to do spinal fluids to check for MS.; This study is being ordered for a neurological disorder.; March 2015; There has been treatment or conservative therapy.; Pt has leg weakness, lower back pain, radicular pain going into her legs, migraines, parasthesia in her extremities.; pain medication, Tylenol, several different medications

radiculopathy; 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.

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.

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity motor weakness documented on physical exam.; There is a reason why the patient cannot have a Cervical Spine MRI.

Pt has a cold compression and deformity found on MRI. MDO is wanting to r/o radiculopathy for possible surgery. Also going to do spinal fluids to check for MS.; This study is being ordered for a neurological disorder.; March 2015; There has been treatment or conservative therapy.; Pt has leg weakness, lower back pain, radicular pain going into her legs, migraines, parasthesia in her extremities.; pain medication, Tylenol, several different medications

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 01/20/2016; There has not been any treatment or conservative therapy.; MS

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 04/21/2016; There has been treatment or conservative therapy.; blurred vision, fatigue; iv steroids for three days.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 1 year; There has been treatment or conservative therapy.; extremity weakness/blurred vision in right eye/right foot drop/muscle weakness/radiculopathy/gait difficulty; physical therapy

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3/18/16; There has not been any treatment or conservative therapy.; weakness in lower extremities , migraine headaches, cluster headache, r/o spinal stenosis ,

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; one year history; There has not been any treatment or conservative therapy.; progressive weakness, abnormal gait, evaluating for multiple sclerosis

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; patient diagnosed with MS 2007; There has been treatment or conservative therapy.; blurred vision, lower extremity weakness and gait disturbance.; patient is on copaxon 3xs / week. 40 mg

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&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.; ; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

; 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 study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

; 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.; ; There has been treatment or conservative therapy.; Mr.Rosenbaum reports to clinic today for follow up. She reports that she continues to have multiple spells per day. Spells consist mostly of left arm extension with her right leg "coming up." She states these are brief lasting just a few seconds but can b;



; This study is being ordered for a neurological disorder.; 03/31/2016; There has been treatment or conservative therapy.; RECENT EXACERBATION OF MS WITH TUMEFACTIVE TX WITH STEROIDS.MS NEW SYMPTOMS OF VERTIGO.; RIZATRIPTAN 10MG.

; This study is being ordered for a neurological disorder.; Last visit date:10/12/2005; Date Diagnosed:2008; Last MRI:1/21/2015; Last Lab:10/12/2015; MS treatment history:Avonex, started Tecfidera 1/2015; There has been treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; Unknown; It is not known if there has been any treatment or conservative therapy.; Migraines

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Doctor wants to rule aneurysm, chest pain on the left side on 4/16; There has been treatment or conservative therapy.; weakness and numbness.; EKG Stress test on 4/10.

2 years since MRI scans of her head and neck have been done to see if there is any significant disease progression; This study is being ordered for a neurological disorder.; January 2012; There has been treatment or conservative therapy.; numbness and tingling weakness some coordination difficulties of her left arm and swelling of her left arm; Rebif 3 times a week

ABN MRI today w/o contrast and contrast is needed to look at the lesion to see what type of lesion it is.; 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.; Weakness in the R 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.

Abnormal MRI Brain without contrast that showed small focus of abnormal signal in the deep white matter of the posterior right frontal lobe with suggestion of similar tiny focus of signal and near the gray white junction of the same region. Considering he; This study is being ordered for a neurological disorder.; 3/16/16; It is not known if there has been any treatment or conservative therapy.; Headaches, numbness and tingling. Occasional neck pain, balance problems and dizziness. History of inner ear problems. Abnormal MRI Without contrast.

Benign physiological tremor, responded previously to Inderal. The patient does not want treatment for it at this time. &#x0D; Multiple nonspecific complaints consisting of fatigue, parenthesis, cognitive dysfunction. The patient appears to have some benign ey; This study is being ordered for a neurological disorder.; August 1, 2015; There has not been any treatment or conservative therapy.; Fatigue, muscle spasms, eye twitching, tremor

Brain MRI with and without contrast to rule out demyelination, tumor, ischemia, C spine MRI without contrast to rule out cervical myelopathy,; This study is being ordered for a neurological disorder.; January 2016; It is not known if there has been any treatment or conservative therapy.; headache, neck pain, blurry vision with headaches. sensitivity to light and noises with nausea daily. when she is driving she gets an electrical shock and her legs and hands don't work.

CHECKING FOR STROKE; 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.

Considering her complaints of persistent headaches with associated facial pain and vision changes, would like to send her for MRI Brain with contrast for diagnostic evaluation rule out possible demyelinating process such as Multiple Sclerosis. Would like ; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; Pressure to head and neck with associated facial pain, Pressure begins at her cheek bones and radiates up her head. complains of ringing in ears, dizziness, and numbness to both hands and feet that also occurs daily. she feels generally weak all over with; gabapentin

Considering her symptoms of fatigue to her lower extremities would like to send her for a MRI Brain to rule out possible demyelinating process such as Multiple Sclerosis. Would like to send her for a MRI C Spine to rule out Possible Multiple Sclerosis.; This study is being ordered for a neurological disorder.; 2/01/2016; It is not known if there has been any treatment or conservative therapy.; Numbness and tingling to both lower extremities. Both legs feeling fatigued and heavy. Pinched nerve in her neck

Considering the persistence of these symptoms, would like to send her for a MRI Brain, Cervical and Thoracic Spine with Contrast for further diagnostic evaluation to rule out possible underlying demyelinating process as Multiple Sclerosis.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; muscle spasms and weakness, Difficulty hearing, ringing in ears, occasional difficulty with swallowing. difficulty with controlling her bladder. occasional double vision, tremors to both hands.; Prednisone 20 Mg daily, &#x0D; Mestinon 60 mg TID for treatment for MG, Tizanidine 4 Mg.

CVA vs anxiety vs. cervical myelopathy, &#x0D; MRI brain w/wo contrast to rule out demyelination, ischemia or tumor &#x0D; MRI C Spine wo contrast to rule out myelopathy as evidenced by right triceps weakness.; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; chest pain, Right sided weakness in leg and arm, trouble picking up his child with his right arm.

Decreased pinprick sensation in median nerve, C5, C8 dermatome, left. Decreased pinprick sensation in the median nerve, C3, C4, C5, C6 dermatome, right. Abnormal EMG/NCV tests; 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.

demyelinating disease; This study is being ordered for a neurological disorder.; 5-5-16; There has been treatment or conservative therapy.; leg pain and weakness, numbness, gait disturbance, abnormal brain mri; medication

Enter answer here - or Type In Unknown If No Info Given . Probable MS exacerbation with vertigo, left leg numbness and weakness, and numbness both hands (the latter could be from thoracic outlet syndrome; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;

Enter answer here - or Type In Unknown If No Info Given fatigue, headache, tingling tremor weakness.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;

Exam is worrisome for a central process such as multiple sclerosis or possible cervical or thoracic spine myelopathy. Will send her MRI of the brain, cervical spine, and thoracic spine to look for evidence of a demyelinating process or spinal cord stenosis; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; chronic headaches, right leg stiff, neck pain, muscle spasms and hyperactive bladder.

FOLLOW UP MRI FOR MULTIPLE SCLEROSIS BEFORE HER APPT IN HOUSTON, TX. DURATION OF SYMPTOMS NOW: 04/28/2016; This study is being ordered for a neurological disorder.; 02/12/2015; There has been treatment or conservative therapy.; Gait issues, weakness, CTS, drops things, feet and hands are chronically numb, fine motor skills are difficult for her. Fatigue, bladder issues. Burning legs.; AMPYRA, SOMA, TECFIDERA, EPITOL, PREDNISON, ESTRADIOL; LABS DRAWN FOR FOLLOW UP, LAST MRI 1 YEAR AGO, HAS APPT IN Houston, Texas in July, does exercises.

follow up with MRI for optic neuritis, vision loss, r/o: myelitis, CNS demyelination; This study is being ordered for Inflammatory/ Infectious Disease.; 12/23/2015 DURATION OF SYMPTOMS; Physical Exam Findings: About 1-1/2-2 weeks ago the vision in her left eye started to deteriorate. It is now to the point where she can hardly read out of the left eye. Visual acuity seems to be 20/200. Importantly she ; There has been treatment or conservative therapy.; Physical Exam Findings: About 1-1/2-2 weeks ago the vision in her left eye started to deteriorate. It is now to the point where she can hardly read out of the left eye. Visual acuity seems to be 20/200. Importantly she says by the time she came off pre; Other: At this point were going to restart prednisone at 40 mg daily, for a dx of recurrent optic neuritis. Her case was discussed with Dr. Clay and she is going to bump up her metformin dose to 500 twice a day. She is going to keep close track of her b

follow up; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; MS; unknown

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.; 2013; There has been treatment or conservative therapy.; DAILY HEADACHES, MODERATE HEADACHES 3 TIMES A WEEK, VERY SEVERE HEADACHES 1-2 TIMES PER MONTH, MODERATE HEADACHES ARE SEVERE ENOUGH TO KEEP HER FROM EATING OR DRINKING, DIZZINESS, BLURRED VISION, NAUSEA, VOMITING,; VERAPAMIL, DEPAKOTE, TORADOL, DHE INTRANASALLY, ACUPUNCTURE

Given patient new concern of hemi numbness with pain and spasm. will send her for an MRI of her brain with and without contrast MS protocol which should compare to her previous normal scan during her hospitalization in August. Will also check an MRI of her; This study is being ordered for a neurological disorder.; Unknown; It is not known if there has been any treatment or conservative therapy.; Muscle spasms and numbness along her upper back and over her right leg, thigh and calf over the past several weeks. Occasional tremors, problems with walking and balance, occasional numbness and tingling in her extremities. episodes of dizziness and occas

having radicular leg pain back pain left side weakness doctor wants to r/o MS; This study is being ordered for a neurological disorder.; 6 years ago; There has been treatment or conservative therapy.; numbness extremity pain migraine; several meds several primary care was referred to a Neurologist

He had an EMG/NCV on 6/09/2016 which was normal. The doctor would like to proceed with an MRI of the brain and MRI c-spine to rule out anything cervical or demyelinating.; This study is 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 1, 2016; There has been treatment or conservative therapy.; He states he is not sure if it came on suddenly or has been gradually coming on, but he just noticed that he had numbness three months ago. It started out kind of in his index finger of the right hand and then progressed to the middle and sometimes the ri; He has had a CT of his head without contrast which was normal as well as a CBX and a PSA which were normal.

Her history and physical would suggest the presence of central nervous system disease involving either the brain or spinal cord. Examination would be supportive of that with her hyperreflexia especially in someone who has had a history of chemotherapy. Th; This study is being ordered for a neurological disorder.; March 5, 2016; There has been treatment or conservative therapy.; Visual disturbance, right arm numbness; Her primary doctor did some studies on her; echocardiogram, carotid Doppler study, and Holter monitor which were all within normal limits

History:Marcell is here today for a follow visit today for his problems with neuromyelitis optica. He does not have any new symptoms or problems, last infusion of Rituxan was February 2015. He continues to have skin disorder that causes itching and uses t; This study is being ordered for a neurological disorder.; History:Marcell is here today for a follow visit today for his problems with neuromyelitis optica. He does not have any new symptoms or problems, last infusion of Rituxan was February 2015. He continues to have skin disorder that causes itching and uses t; There has been treatment or conservative therapy.; Plan/Assessment:&#x0D; 1. NMO, relapsing remitting, stable on Rtiuxan. Will schedule next infusion and then will infuse every 6 months. &#x0D; 2. Lab: PBLD, CBC, CMP, TSH, Vitamin B12, Vitamin D today.&#x0D; 3. Call infusion center to schedule next Rituxan.&#x0D; 4. MRI-Brai; MS treatment history:Imuran 150mg daily. 4/13/2012-stop Imuran, start Rituximab 1000mg in 2 weeks, and will repeat 2 weeks later then every 6 months. I will ask Joanne Conley our financial counselor to have preapproved prior to infusion. 5/21/2012-tolerat

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.; Patient is a pleasant 55 year female with complaints of numbness and tingling in both hands. She mentioned that the symptoms have remained the same since her last visit. She said that the numbness and tingling has been going on a few years. She has had tw

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.; 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.

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.; hx of cervical disc disease



Left leg pain, tingling and numbness, Burning pain in both sides of her feet.; This study is being ordered for a neurological disorder.; about 1 month ago; It is not known if there has been any treatment or conservative therapy.; Numbness and pain in her legs

Mr Hodge is a 39 year old male that presents to the clinic at the request of Dr Cazano. He states that he is experiencing right hand hand pain, numbness and tingling; numbness and tingling affect all digits. He further reported that he has RLE pain with n; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Mr Hodge is a 39 year old male that presents to the clinic at the request of Dr Cazano. He states that he is experiencing right hand hand pain, numbness and tingling; numbness and tingling affect all digits. He further reported that he has RLE pain with n; 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.

MRI Brain and C Spine with contrast MS protocol, To check for new lesions.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2004; There has been treatment or conservative therapy.; hurting all over, and she has optic neuritis in left eye and is legally blind; Tysabri

MRI Brain with contrast and c spine with MS protocol, to r/o demyelination. Her PCP sent her to get an MRI of her brain without contrast and was told she had demyelinating, ventricular changes.; This study is being ordered for a neurological disorder.; 4-5 months patient office visit was on 4/6/16; There has been treatment or conservative therapy.; Balance changes and falls. complains of shaking, losing her balance and falling. Complains of weakness blurred vision ringing in ears, double vision. Complains of stiffness and locked knees.; she is taking Xanax for tremors 2 q am and 1 q pm, &#x0D; she takes Hydrocodone 5-325 mg 1 tablet PRN pain, &#x0D; Lyrica 150 mg 1 tablet BID, Flexeril 10 mg Q hs

Ms Rose is a 54, year old female who presents for numbness in hands and feet pain, shooting down legs and across back. She states this started in 2012 and occurs daily. She fell Yesterday and is in pain 10/10 in low back but she did not go to ER. She states; This study is being ordered for a neurological disorder.; 2012; It is not known if there has been any treatment or conservative therapy.; Numbness in hands and feet, pain shooting down legs and across back, Falls, Hyperreflexia

Multiple sclerosis (G35).&#x0D; Probably has exacerbation, the question is where in CNS--brain or cord. Had new enhancing brain lesion in July 2015 but it was felt to wait before changing meds. Went over data re PML with orals. Will try IV steroids without ; This study is being ordered for a neurological disorder.; 3/2014; There has been treatment or conservative therapy.; RRMS,GAIT ISSUES,DRAGGING RIGHT FOOT,FEELS UNSTEADY,RIGHT THIGH NUMB,INCREASED FATIGUE,EXHAUSTED,VERY CONCERNED RE PML; COPAXONE,GABAPENTIN,MOBIC,TYLENOL,BACLOFEN,CLONAZEPAM,TYSABRI IN THE PAST,JC+.,STEROID MEDS,SEEING DR OUT OF STATE IN ST LOUIS,

Multiple sclerosis (G35).&#x0D; She will require follow-up MRI imaging of her brain and cervical spine. She will have a CMP and CBC. She might require follow-up with hematology depending on those results. We will try to reestablish her with Dr. Haws as 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.; 03/22/2016 THIS ONSET; There has been treatment or conservative therapy.; INJECTION SITE REACTIONS WITH MED,LEGS HAVE LESS DEXERITY AND POSSIBLE SPASTICITY&#x0D; MULTIPLE SCLEROSIS FOLLOW UP&#x0D; GAIT DISTURBANCE,NECK PAIN; PATIENT IS ON BETASERON INJECTIONS&#x0D; REESTABLISH WITH HER PRIMARY CARE&#x0D; LABWORK DRAWN&#x0D; MRI BRAIN,MRI C SPINE ORDERED&#x0D; FOLLOW UP VISIT IN 1 MONTH

Multiple sclerosis (G35).; we are rechecking MRIs of her brain , C and T spine this week. She is having urinary retention and has an indwelling catheter now, she is going to see Dr.Pickleman Friday at 10:30 and having the MRIs friday morning..; This study is being ordered for a neurological disorder.; The symptoms are reported as being severe. The symptoms occur constantly.; There has been treatment or conservative therapy.; Constitutional.; Overall appearance - chronically ill-appearing.; Extremity.; Normal.; No edema.; Neurological.; Memory - mildly impaired short term memory. R eye deviates lateral while Left eye is looking forward at times then moves back into center Ba; She is taking Tecfidera daily and we plan to check a CBC today.

MULTIPLE SCLEROSIS FOLLOW UP; This study is being ordered for a neurological disorder.; 1/2011; There has been treatment or conservative therapy.; MULTIPLE SCLEROSIS, BRAINSTEM LESION, LESION IN THE SUBCORTICAL WHITE MATTER IN THE LEFT POSTERIOR FRONTAL REGION, LESION IN THE RIGHT ANTERIOR CORPUS CALLOSUM, LEG PARESTHESIAS,EXTREMITY NUMBNESS,, HIGH DOSE STEROIDS, IVIG, COPAXONE

Multiple Sclerosis; This study is being ordered for a neurological disorder.; 2011; There has been treatment or conservative therapy.; patient has been diagnosed with Multiple Sclerosis; patient has been closely monitored on MS medications and has yearly imaging to check her disease burden.

Multiple Sclerosis; This study is 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.; Muscle spasms, numbness, tingling , Cognitive slowing , Disequilibrium; medication . pain management , sees a psychiatrist . Physical therapy

NAUSEA,FEELS HOT,FELT ILL,SENSATION RIGHT ARM TO NECK,CONFUSION,NECK DISCOMFORT,SPELLS,LEFT EYE IRITIS RIGHT FACE AND LIPS NUMB,2t CAROTIDS; This study is being ordered for a neurological disorder.; 2013 TO 2014; There has been treatment or conservative therapy.; FEELS HOT,SPELLS TRAVELING UP RIGHT ARM TO NECK,SHOULDER AND HEAD.CONFUSION,NUMB IN RIGHT FACE,LIPS,TIRED,IRITIS LEFT EYE,2t CAROTIDS,FEELING ILL,NECK DISCOMFORT; ATIVAN,ASPIRIN

None; This study is being ordered for a neurological disorder.; 10/2015; There has not been any treatment or conservative therapy.; Pt c/o muscle spasm of both legs, question of lesion in central nervous system. Numbness and tingling down BILAT legs.

none; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; Pt is having gait issues, falling. Numbness, tingling, headaches everyday, dizziness, imbalance, double vision, muscle twitching and cramping, abnormal reflexes.; PT, medication,

none; This study is being ordered for a neurological disorder.; 3/11/2016; There has not been any treatment or conservative therapy.; Left sided numbness weakness

Patient complains of headaches, neck pain and pain with N/T in his left arm. He also reports that he has a hard time holding objects with his left hand. He says this started in 2012 but got worse after an MVA in 2014. He has some brisk left knee reflexes ; 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.

Patient complains of neck pain with numbness and weakness in arms - unsteady gait and frequent falls . MRI of brain revealed Parsinuosities . X-ray of c-spine Multi level spondylosis most severe at C3-C4 and C4-C5.; 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 weak in the arms - unsteady gait and 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.

patient has more cognitive issues, more difficulty with balance; This study is being ordered for a neurological disorder.; august 5-2015; There has been treatment or conservative therapy.; left hemiparesis, difficulty with balance, dizziness, chronic daily headaches; Copaxone

patient has multiple sclerosis.; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; patient has multiple sclerosis. this is a confirmed diagnosis.; medication management and continuous monitoring with imaging.

Patient is experiencing b/l upper and lower extremities, numbness, tingling and weakness. Patient has tried to do a prednisone taper dose, but is still experiencing weakness in all extremities. Want to rule out any multiple sclerosis exacerbation of spina; This study is being ordered for a neurological disorder.; 2/2014; There has been treatment or conservative therapy.; Multiple sclerosis, bilateral upper and lower extremities weakness, numbness and ataxic gait.; Patient is on copaxone, zonegran, ampyra, tizanidine and is doing physical therapy

Patient of 32 yo lh female with 2 years h/o episodes of pain, numbness, and tingling sensation in all her extremities that usually is worse in the left hemibody. She also stated itchy sensation in all her body. Sometimes she has imbalance gait, and some i; This study is 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; It is not known if there has been any treatment or conservative therapy.; Patient of 32 yo lh female with 2 years h/o episodes of pain, numbness, and tingling sensation in all her extremities that usually is worse in the left hemibody. She also stated itchy sensation in all her body. Sometimes she has imbalance gait, and some i

Plan/Assessment: 1. Multiple Sclerosis, relapsing remitting, restart Aubagio while waiting on Lemtrada to be approved by her insurance 2. Recommend permanent disability within a reasonable medical certainty related to MS fatigue that renders her unable; This study is being ordered for a neurological disorder.; Here today for a follow up visit for her problems with multiple sclerosis. In past few days new onset of numbness on left side of face that comes and goes. She continues to struggle with severe fatigue and had to quit work in January due to disabling fati; There has been treatment or conservative therapy.; Plan/Assessment: 1. Multiple Sclerosis, relapsing remitting, restart Aubagio while waiting on Lemtrada to be approved by her insurance 2. Recommend permanent disability within a reasonable medical certainty related to MS fatigue that renders her unable; Here today for a follow up visit for her problems with multiple sclerosis. In past few days new onset of numbness on left side of face that comes and goes. She continues to struggle with severe fatigue and had to quit work in January due to disabling fati

Progressive numbness in the lower and upper extremities. Severely ataxic gait. His neuro exam revealed decreased sensation in both lower extremities up to mid thighs, hyper reflexia in all extremities, increased muscle tone and spasticity in the lower extr; This study is being ordered for a neurological disorder.; February 2016; There has been treatment or conservative therapy.; Myelopathy, ataxic gait and numbness in all extremities.; Patient was given Neurontin 300 mg twice daily to help.

R/O Multiple Sclerosis.; This study is being ordered for a neurological disorder.; 4/24/2016; There has been treatment or conservative therapy.; Pt suffers with numbness and tingling in hands and feet; trembling; peripheral neuropathy; unsteadiness and dizziness.; medication

R/O pinched nerves; This study is being ordered for a neurological disorder.; December 2015; There has been treatment or conservative therapy.; Pain in neck and back, parathesia and neuropathy; Physical therapy

Right C7 Radiculopathy with hand numbness, weakness and neck pain; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; C7 Radiculopathy found on EMG numbness and weakness in hand noted; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

rule out abnormalites on scans; This study is being ordered for a neurological disorder.; pt was seen 3-28-2016 with complaints paresthesias and her lower extremities. worsening balance and abnormality; There has been treatment or conservative therapy.; neck pain, paresthesias, abnormal gait, worsening pain, abnormal gait and balance; pt tried cynbalta and gabapentin with no relief

Rule out demyelinating process such a multiple sclerosis.; This study is being ordered for a neurological disorder.; approximately one month ago; There has been treatment or conservative therapy.; Vision changes to right eye, cramping to both legs, swelling of ankles; MRI Brain and Orbits with and without contrast 04/22/16

Rule out seizures.; This study is being ordered for a neurological disorder.; 5/10/2016; There has not been any treatment or conservative therapy.; trimmers numbness, dizziness, weakness, difficulty speaking, difficulty walking, head bobbing, jerking, stiffening, back pain. neck pain, insomnia.

several falls; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

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.

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.

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.



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.

The patient has Multiple Sclerosis, on Tecfidera and needs follow up MRI studies of the brain and neck to evaluate for any new MS lesions of the brain or cervical 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.; Multiple Sclerosis diagnosed around May, 2012. The patient is currently on Tecfidera. Requesting yearly MRI of the brain to evaluate for any new lesions and MRI of the cervical spine to also evaluate for any new MS lesions; There has been treatment or conservative therapy.; The patient will have occasional headaches and some numbness and tingling in her upper extremities; Patient has been treated in the past with oral steroids, Rebif and is currently taking Tecfidera.

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.; Abnormal EMG; numbness and tingling in the hands w/pain; extremity pain; neck pain; patient is unable to work

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.; looking for cervical radiculopathy &#x0D; ulner neuropathy from compression on left elbow

The patient isn't having any MS flare-ups or exacerbations. She is tolerating her Copaxone well. No injection site reaction or side effects. Repeat MRI's in June of this year, which will actually be 2 years, and to see the patient back in clinic after the; This study is being ordered for Inflammatory/ Infectious Disease.; October 15, 2012; There has been treatment or conservative therapy.; yearly MS follow up on the patient's MRI and to return to clinic after her image; Copaxone 20 mg subcu daily  
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

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.

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.

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.

This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; ; No, the patient does not have new or changing neurological signs or symptoms.; yes, there are documented clinical findings of Multiple sclerosis.

This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Patient with increased spasm and lhermitte's symptom reminiscent of previous cervical spine lesions.; 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.

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.

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?; Yes, the patient is demonstrating unilateral muscle wasting.; yes, there are documented clinical findings of Multiple sclerosis.

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. 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.

This is a request for cervical spine MRI; Neurological deficits; Patient presents with bilateral upper extremity numbness. Had an abnormal EMG done 3/15/2016, which was suggestive for C7 radiculopathy.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; Neurological deficits; Patient said that his neuropathic pain started with left testicular pain which got worse and then got better as it spread mainly to his left thigh. From there, it ended up in his left foot. He does have severe burning pain in both feet.; 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.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This is a request for cervical spine MRI; None of the above; Neck stiffness &#x0D; History / Dx: dizziness coming in waves. Improved.&#x0D; burning in his teeth and tongue. Etiology uncertain.&#x0D; brain MRI showed white matter changes. Etiology uncertain. We'll consider repeating this toward the end of the year&#x0D; Neck Stiff; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; None of the above; NUMBNESS IN EXTREMITY,&#x0D; 1. \*paresthesias &#x0D; The patient presents with a history of paresthesias. She had an evaluation in our clinic in 2011 because of right leg paresthesias. This included an MRI of the brain, cervical and thoracic spine. She had som; 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.

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.

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.

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.

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.

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.; arm pain x 8 mos.constant and fluctuating,burnin pain,aggravated by movement.otc meds aspirin helps with pain.hurts to sleep on right shoulder,scapular burning,shoulder to 5th finger,gradually getting worse.&#x0D; Cervical spine pain (M54.2).&#x0D; symptoms suggest

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.; &lt;Enter Additional Clinical Information&gt;

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.; Mr. Drake is a 35-year-old man with history of seizure disorder, neck pain, carpal tunnel syndrome, depression and anxiety, and hypertension, who is here for follow up. Currently he is on Lamictal 200 mg twice a day and Keppra 500 mg twice a day. He toler

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.; NEW Patient evaluation of neck and arm pain. She sates the problem started in the 1990s and is constant. She sates she had a previous diagnosis of carpal tunnel syndrome and had xrays repeated recently She states she worked at the sewing factor and her fi

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; worse with neck extension - numbness with radiculopathy post bBabinski

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; Patient has been passing out with complete loss of consciousness without memory of the spell. Patient gets confused, vision goes black, and a numb feeling over entire body. Arms and legs go numb. Weakness all over.; No, there are no documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; No, there is not a laboratory or x-ray evidence of an infected disc, septic arthritis or "discitis" .; No, there is no laboratory or x-ray evidence of a paraspinal abscess.

This is a request for cervical spine MRI; Trauma or recent injury; ; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This patient describes memory loss and transient apraxia which is getting worse. In addition, she has a rightsided tremor and a right facial tremor which seems to be getting worse. She has some difficulty with following commands in her left foot. She is; This study is being ordered for a neurological disorder.; 6 years ago; It is not known if there has been any treatment or conservative therapy.; Memory Loss, Tremors, Falls

Thus far no clear evidence for MS. I have seen cases where an MS panel is positive prior to changes on MRI. Will send her for MRI brain, cervical spine, and thoracic spine all with and without contrast to look for any evidence of a demyelinating 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.; 2 years ago; There has not been any treatment or conservative therapy.; headaches, vision changes and dizziness. blurred vision. pressure like pain all over head. occasional nausea with headaches. history of vision loss of one eye

To complete her workup she will be sent for a VER given her visual disturbances. Will start on Baclofen for her spasticity and Amantadine for her fatigue. She is to restart her B12 injections and start a vitamin D supplement. She will need a follow up 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.; 05/2015; There has been treatment or conservative therapy.; History of numbness and tingling in her lower extremities for the past eight years. She was having symptoms of difficulty walking and problems with her bladder control. She is still having a lot of weakness in her lower extremities with spasticity. She st; Prednisone taper,&#x0D; Aubagio for the past four months along with Zoloft. &#x0D; Baclofen &#x0D; Amantadine for fatigue



To follow up evaluation of Multiple Sclerosis.; This study is 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.; Headaches, and ringing in ears as well as dizziness. difficulty with speaking, swallowing, and occasional incontinence. and double vision; Tecfidera and Plegridy

Unknown; This study is being ordered for a neurological disorder.; 3 to 6 months ago; There has been treatment or conservative therapy.; burning pain on the right side of her body; Neurotin 300 mg. p.o. t.i.d.&#x0D; nerve conduction velocity of both arms unknown; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; Muscle cramps, right hand shaking,

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

weakness in bilateral upper and lower extremities, easily fatigued; This study is being ordered for a neurological disorder.; 3 years Ago; There has been treatment or conservative therapy.; She complains of intermittent episodes of lightheadness. if she's walking. She complains of vertigo sensation.; Physical Therapy and medication Therapy

weakness in her lower left extremity; This study is being ordered for a neurological disorder.; 7/2013; There has been treatment or conservative therapy.; FATIGUE, memory impairment, balance and gait, tremors; yearly check up to check progress of the disease, last MRI was a year ago, follow up for MS

Will send for repeat MRI of brain w/wo to compare to previous study, Concerns of TIA, Vasculitis, Vertebral basilar insufficiency due to pulsatile tinnitus and vertigo; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Headaches and facial/temple pain, numbness, problems with balance and shooting pains in his neck. facial and jaw pain, numbness in his left arm and leg, ringing in ears blurred vision with balance. neck pain, chest pain tightness, memory loss, itching; Nortriptyline 25 mg q hs &#x0D; Robaxin 750 mg q 8 hours PRN

Woman with onset in fall 2015 of various neurological symptoms including tingling paresthesias, non-spinning dizziness, nystagmus, twitching of the right hand and eye.&#x0D; Exam just shows slightly brisk reflexes.&#x0D; MRI brain 4/11/16 normal, but partly obscure; This study is being ordered for a neurological disorder.; October 2015; There has been treatment or conservative therapy.; Woman with onset in fall 2015 of various neurological symptoms including tingling paresthesias, non-spinning dizziness, nystagmus, twitching of the right hand and eye.&#x0D; Exam just shows slightly brisk reflexes.&#x0D; MRI brain 4/11/16 normal, but partly obscure; metoprolol tartrate 25 mg tablet

Would like to get a brain MRI to rule out central process such as multiple Sclerosis. Will also send for cervical MRI w/wo to rule out reoccurring disc or infection or MS Lesion in her cord. Will send her for labs to check for an autoimmune disease, for 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.; 5/26/15; There has been treatment or conservative therapy.; Neck pain, Stiffness, and difficulty walking over the past few years. She has had surgery over her cervical and lumbar region by Dr. Burson few years prior. States she continues to have numbness and weakness in her arms and legs, right greater than left, ; Neurontin 600mg, &#x0D; Flexeril 10mg , &#x0D; Norco 10/325mg q4hrs PRN&#x0D; Meloxicam 15mg daily &#x0D; Klonopin 1mg BID

Would like to send her for MRI Cervical and Lumbar Spine without contrast for further diagnostic evaluation of the numbness and tingling with associated back pain to rule out possible Radiculopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; worsening Peripheral Neuropathy, lower back pain that radiates around to her hips. Complains of numbness and tingling as well as a burning sensation to both feet and hands that occasionally radiates up her left arm. she also complains of balance disturban; Lyrica, Cymbalta, Injections

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 with MS with new symptoms of MS hug with spasm

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 01/20/2016; There has not been any treatment or conservative therapy.; MS

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 04/21/2016; There has been treatment or conservative therapy.; blurred vision, fatigue; iv steroids for three days.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3/18/16; There has not been any treatment or conservative therapy.; weakness in lower extremities , migraine headaches, cluster headache, r/o spinal stenosis ,

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.;

&lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&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.; ; It is not known if there has been any treatment or conservative therapy.;

&lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

; 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 study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

; 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.; Last visit date:10/12/2005&#x0D; Date Diagnosed:2008&#x0D; Last MRI:1/21/2015&#x0D; Last Lab:10/12/2015&#x0D; MS treatment history:Avonex, started Tecfidera 1/2015; There has been treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; Unknown; It is not known if there has been any treatment or conservative therapy.; Migraines

Considering the persistence of these symptoms, would like to send her for a MRI Brain, Cervical and Thoracic Spine with Contrast for further diagnostic evaluation to rule out possible underlying demyelinating process as Multiple Sclerosis.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; muscle spasms and weakness, Difficulty hearing, ringing in ears, occasional difficulty with swallowing. difficulty with controlling her bladder. occasional double vision, tremors to both hands.; Prednisone 20 Mg daily, &#x0D; Mestinon 60 mg TID for treatment for MG, Tizanidine 4 Mg.

Exam is worrisome for a central process such as multiple sclerosis or possible cervical or thoracic spine myelopathy. Will send her MRI of the brain, cervical spine, and thoracic spine to look for evidence of a demyelinating process or spinal cord stenosis; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; chronic headaches, right leg stiff, neck pain, muscle spasms and hyperactive bladder.

follow up with MRI for optic neuritis, vision loss, &#x0D; r/o: myelitis, CNS demyelination; This study is being ordered for Inflammatory/ Infectious Disease.; 12/23/2015  
DURATION OF SYMPTOMS &#x0D; Physical Exam Findings: About 1-1/2-2 weeks ago the vision in her left eye started to deteriorate. It is now to the point where she can hardly read out of the left eye. Visual acuity seems to be 20/200. Importantly she ; There has been treatment or conservative therapy.; Physical Exam Findings: About 1-1/2-2 weeks ago the vision in her left eye started to deteriorate. It is now to the point where she can hardly read out of the left eye. Visual acuity seems to be 20/200. Importantly she says by the time she came off pre; Other: At this point were going to restart prednisone at 40 mg daily, for a dx of recurrent optic neuritis. Her case was discussed with Dr. Clay and she is going to bump up her metformin dose to 500 twice a day. She is going to keep close track of her b  
follow up; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; MS; unknown

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.; 2013; There has been treatment or conservative therapy.; DAILY HEADACHES, MODERATE HEADACHES 3 TIMES A WEEK, VERY SEVERE HEADACHES 1-2 TIMES PER MONTH, MODERATE HEADACHES ARE SEVERE ENOUGH TO KEEP HER FROM EATING OR DRINKING, DIZZINESS, BLURRED VISION, NAUSEA, VOMITING,; VERAPAMIL, DEPAKOTE, TORADOL, DHE INTRANASALLY, ACUPUNCTURE

Given patient new concern of hemi numbness with pain and spasm. will send her for an MRI of her brain with and without contrast MS protocol which should compare to her previous normal scan during her hospitalization in August. Will also check an MRI of he; This study is being ordered for a neurological disorder.; Unknown; It is not known if there has been any treatment or conservative therapy.; Muscle spasms and numbness along her upper back and over her right leg, thigh and calf over the past several weeks. Occasional tremors, problems with walking and balance, occasional numbness and tingling in her extremities. episodes of dizziness and occas

having radicular leg pain back pain left side weakness doctor wants to r/o MS; This study is being ordered for a neurological disorder.; 6 years ago; There has been treatment or conservative therapy.; numbness extremity pain migraine; several meds several primary care was refereed to a Neurologist

History: Marcell is here today for a follow visit today for his problems with neuromyelitis optica. He does not have any new symptoms or problems, last infusion of Rituxan was February 2015. He continues to have skin disorder that causes itching and uses t; This study is being ordered for a neurological disorder.; History: Marcell is here today for a follow visit today for his problems with neuromyelitis optica. He does not have any new symptoms or problems, last infusion of Rituxan was February 2015. He continues to have skin disorder that causes itching and uses t; There has been treatment or conservative therapy.; Plan/Assessment: 1. NMO, relapsing remitting, stable on Rituxan. Will schedule next infusion and then will infuse every 6 months. 2. Lab: PBLD, CBC, CMP, TSH, Vitamin B12, Vitamin D today. 3. Call infusion center to schedule next Rituxan. 4. MRI-Brai; MS treatment history: Imuran 150mg daily. 4/13/2012-stop Imuran, start Rituximab 1000mg in 2 weeks, and will repeat 2 weeks later then every 6 months. I will ask Joanne Conley our financial counselor to have preapproved prior to infusion. 5/21/2012-tolerat

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."; &lt;Enter Additional Clinical Information&gt;

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."; Myelopathy (G95.9). Sensory level and hyperreflexia suggest the possibility of myelopathy. Weakness and numbness of both legs that intensifies with prolonged standing suggests possible lumbar spinal stenosis..

Multiple sclerosis (G35).; we are rechecking MRIs of her brain , C and T spine this week. She is having urinary retention and has an indwelling catheter now, she is going to see Dr.Pickleman Friday at 10:30 and having the MRIs friday morning..; This study is being ordered for a neurological disorder.; The symptoms are reported as being severe. The symptoms occur constantly.; There has been treatment or conservative therapy.; Constitutional.; Overall appearance - chronically ill-appearing.; Extremity.; Normal.; No edema.; Neurological.; Memory - mildly impaired short term memory. R eye deviates lateral while Left eye is looking forward at times then moves back into center Ba; She is taking Tecfidera daily and we plan to check a CBC today.

MULTIPLE SCLEROSIS FOLLOW UP; This study is being ordered for a neurological disorder.; 1/2011; There has been treatment or conservative therapy.; MULTIPLE SCLEROSIS, BRAINSTEM LESION, LESION IN THE SUBCORTICAL WHITE MATTER IN THE LEFT POSTERIOR FRONTAL REGION, LESION IN THE RIGHT ANTERIOR CORPUS CALLOSUM, LEG PARESTHESIAS,EXTREMITY NUMBNESS;; HIGH DOSE STEROIDS, IVIG, COPAXONE

Multiple Sclerosis; This study is 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.; Muscle spasms, numbness, tingling , Cognitive slowing , Disequilibrium; medication . pain management , sees a psychiatrist . Physical therapy

none; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; Pt is having gait issues, falling. Numbness, tingling, headaches everyday, dizziness, imbalance, double vision, muscle twitching and cramping, abnormal reflexes.; PT, medication,

none; This study is being ordered for a neurological disorder.; 3/11/2016; There has not been any treatment or conservative therapy.; Left sided numbness weakness



Patient is experiencing b/l upper and lower extremities, numbness, tingling and weakness. Patient has tried to do a prednisone taper dose, but is still experiencing weakness in all extremities. Want to rule out any multiple sclerosis exacerbation of spina; This study is being ordered for a neurological disorder.; 2/2014; There has been treatment or conservative therapy.; Multiple sclerosis, bilateral upper and lower extremities weakness, numbness and ataxic gait.; Patient is on copaxone, zonegran, ampyra, tizanidine and is doing physical therapy

Plan/Assessment: 1. Multiple Sclerosis, relapsing remitting, restart Aubagio while waiting on Lemtrada to be approved by her insurance 2. Recommend permanent disability within a reasonable medical certainty related to MS fatigue that renders her unable; This study is being ordered for a neurological disorder.; Here today for a follow up visit for her problems with multiple sclerosis. In past few days new onset of numbness on left side of face that comes and goes. She continues to struggle with severe fatigue and had to quit work in January due to disabling fati; There has been treatment or conservative therapy.; Plan/Assessment: 1. Multiple Sclerosis, relapsing remitting, restart Aubagio while waiting on Lemtrada to be approved by her insurance 2. Recommend permanent disability within a reasonable medical certainty related to MS fatigue that renders her unable; Here today for a follow up visit for her problems with multiple sclerosis. In past few days new onset of numbness on left side of face that comes and goes. She continues to struggle with severe fatigue and had to quit work in January due to disabling fati

Progressive numbness in the lower and upper extremities. Severely ataxic gait. His neuro exam revealed decreased sensation in both lower extremities up to mid thighs, hyper reflexia in all extremities, increased muscle tone and spasticity in the lower extr; This study is being ordered for a neurological disorder.; February 2016; There has been treatment or conservative therapy.; Myelopathy, ataxic gait and numbness in all extremities.; Patient was given Neurontin 300 mg twice daily to help.

R/O Multiple Sclerosis.; This study is being ordered for a neurological disorder.; 4/24/2016; There has been treatment or conservative therapy.; Pt suffers with numbness and tingling in hands and feet; trembling; peripheral neuropathy; unsteadiness and dizziness.; medication

R/O pinched nerves; This study is being ordered for a neurological disorder.; December 2015; There has been treatment or conservative therapy.; Pain in neck and back, parathesia and neuropathy; Physical therapy

R/O:MYELOPATHY&#x0D; COMPLEX CASE,PARESTHESIAS THROUGHOUT BODY,LEGS,BILAT ARMS,BILAT FACE,ANXIETY,LOW BACK PAIN AND PRESSURE,AND NECK PAIN,HAS HAD 8 PHYSICAL THERAPY SESSIONS,MODEST AMOUNT OF IMPROVEMENT,WILL CONTINUE WITH THIS.NON-SUSTAINED ANKLE CLONUS.TOES ; This study is being ordered for a neurological disorder.; 04/08/2016; There has been treatment or conservative therapy.; LOW BACK PAIN/PRESSURE,NECK PAIN,PARESTHESIAS THROUGHOUT HIS BODY,LEGS,ARMS,FACE.LEG NUMBNESS,; He's had 8 sessions of physical therapy and is reporting a modest amount of improvement. We'll continue with this.&#x0D; Paresthesias throughout his body. Legs, arms, and face affected bilaterally. Started 3-4 months ago. Can fluctuate at random times.

rule out abnormalites on scans; This study is being ordered for a neurological disorder.; pt was seen 3-28-2016 with complaints paresthesias and her lower extremities. worsening balance and abnormality; There has been treatment or conservative therapy.; neck pain, paresthesias, abnormal gait, worsening pain, abnormal gait and balance; pt tried cynbalta and gabapentin with no relief

Rule out seizures.; This study is being ordered for a neurological disorder.; 5/10/2016; There has not been any treatment or conservative therapy.; trimmers numbness, dizziness, weakness, difficulty speaking, difficulty walking, head bobbing, jerking, stiffening, back pain. neck pain, insomnia.

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.

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 radiculopathy from neck down to her back.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.; SEVERE BACK PAIN,EXTREMITY WEAKNESS,PARESTHESIA,TINGELING FINGERS,SEVERE PAIN BETWEEN SHOULDERS,SHOOTING PAINS DOWN BOTH LEGS; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.  
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.

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.

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.

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.

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.

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.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; MYELOPATHY,BRISK HYPERACTIVE REFLEXIA,NUMBNESS IN LEGS AND ARMS,HYPERACTIVE AT KNEES AT t3,t2 AT ANKLES,t2 UPPER LIMBS,POSITIVE TINGLING AND NUMBNESS; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.

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.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; ABNORMAL BRAIN MRI.SMALL VESSEL VS DEMYELINATING.HORNERS SYNDROME.CORONARY CALCIFICATIONS.NECK INJURY WITH MYELOPATHY.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; WEAKNESS OF LOWER EXT LATERALITY, NUMBNESS AND WEAKNESS IN UPPER AND LOWER LIMBS, R/O MYELOPATHY, REFLEXES BRISK, FLEXORS AND EXTENSORS QUITE WEAK, PARESTHESIAS UPPER LIMBS, TOES/FOOT DRAGGING.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

thoracic/lumbar radicular symptoms with increased numbness, difficulties with balance, loss of bladder control.; This study is being ordered for a neurological disorder.; 2013; It is not known if there has been any treatment or conservative therapy.; numbness and pain down right leg, difficulties with balance, frequent falls. loss of bladder control.

To complete her workup she will be sent for a VER given her visual disturbances. Will start on Baclofen for her spasticity and Amantadine for her fatigue. She is to restart her B12 injections and start a vitamin D supplement. She will need a follow up 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.; 05/2015; There has been treatment or conservative therapy.; History of numbness and tingling in her lower extremities for the past eight years. She was having symptoms of difficulty walking and problems with her bladder control. She is still having a lot of weakness in her lower extremities with spasticity. She st; Prednisone taper, &#x0D; Aubagio for the past four months along with Zolof. &#x0D; Baclofen &#x0D; Amantadine for fatigue

unknown; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; Muscle cramps, right hand shaking,

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

Woman with onset in fall 2015 of various neurological symptoms including tingling paresthesias, non-spinning dizziness, nystagmus, twitching of the right hand and eye. Exam just shows slightly brisk reflexes. MRI brain 4/11/16 normal, but partly obscure; This study is being ordered for a neurological disorder.; October 2015; There has been treatment or conservative therapy.; Woman with onset in fall 2015 of various neurological symptoms including tingling paresthesias, non-spinning dizziness, nystagmus, twitching of the right hand and eye. Exam just shows slightly brisk reflexes. MRI brain 4/11/16 normal, but partly obscure; metoprolol tartrate 25 mg tablet

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 1 year; There has been treatment or conservative therapy.; extremity weakness/blurred vision in right eye/right foot drop/muscle weakness/ridiculopathy/gait difficulty; physical therapy

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3/18/16; There has not been any treatment or conservative therapy.; weakness in lower extremities , migraine headaches, cluster headache, r/o spinal stenosis ,

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; years; There has been treatment or conservative therapy.; pain and numbness; medications

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; We will reschedule the MRI of her lumbar spine and pelvis. She has developed mild weakness in the right leg involving the hip flexors and also has some evidence of acute denervation in the right gastrocnemius.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Clinical Information&#x0D; History / Dx: R51 Headache disorder &#x0D; History / Dx: He was in a car accident in 2003. She was rear-ended. He had lower back pain. There was a disc herniation at L5-S1. Had surgery with a spinal surgeon in pulse. He didn't di; This study is being ordered for a neurological disorder.; 2003; There has been treatment or conservative therapy.; HEADACHES WORSENING,LOW BACK PAIN THAT ARE WORSENING,SEVERE AND DIBILITATING,NUMBNESS IN FEET AND LEGS,&#x0D; History / Dx: SENSATION: Proprioception and vibratory sense intact in the toes. Light touch diminished in the left leg along the back of the calf an; FLEXERIL,TYLENOL #3 PRN,CLARITIN,PROAIR,UNISOM&#x0D; CHIROPRACTIC CARE AND PHYSICAL THERAPY&#x0D; EPIDURAL STERIOD INJECTIONS BUT DEVELOPED SPINAL HEADACHES WITH THESE.

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.; 2013; There has been treatment or conservative therapy.; DAILY HEADACHES, MODERATE HEADACHES 3 TIMES A WEEK, VERY SEVERE HEADACHES 1-2 TIMES PER MONTH, MODERATE HEADACHES ARE SEVERE ENOUGH TO KEEP HER FROM EATING OR DRINKING, DIZZINESS, BLURRED VISION, NAUSEA, VOMITING,; VERAPAMIL, DEPAKOTE, TORADOL, DHE INTRANASALLY, ACUPUNCTURE

having radicular leg pain back pain left side weakness doctor wants to r/o MS; This study is being ordered for a neurological disorder.; 6 years ago; There has been treatment or conservative therapy.; numbness extremity pain migraine; several meds several primary care was referred to a Neurologist

Mr Sherman is a 49 year old right handed male who presents for follow up post CVA. Since his last visit he has undergone neck surgery on 2/10/16 and is back at work. He states his job is making his neck hurt. He states that overall he is doing better but ; This study is being ordered for a neurological disorder.; 4/27/16; There has been treatment or conservative therapy.; Dragging his left leg and states he is in pain , He sates a few times after his surgery he looked up and then down and then his eyes vibrated left and right and he states the room was spinning. Low back pain with radicular pain to left leg,; Home exercises and communicate with his surgeon

Ms Clark is a 50 year old right handed female presenting for follow up for muscle spasms and myoclonic jerking. She states her sister had spinal cord cancer and her PCP told her she may have cancer She states she is seeing an ENT soon for dizziness. She st; This study is 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.; muscle spasms and myoclonic jerking. double vision, dizziness, ringing in her ears and facial pain, Headaches

Myelopathy (G95.9).&#x0D; Sensory level and hyperreflexia suggest the possibility of myelopathy. Weakness and numbness of both legs that intensifies with prolonged standing suggests possible lumbar spinal stenosis.; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; 1. leg pain, numbness,; She details that since 2014 there has been pain from the thighs down symmetrically. This began initially in the right foot that has spread cysts. His intensified by walking. This is a very severe pain. Has burning and tingling qualities as well as sha



Patient has numbness, tingling, and stabbing pain in bilateral outer thighs. Patient has difficulty walking and standing with lower and outer legs. It hurts to sit with knees bent.; 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.; Hyporeflexia in distal extremities  
R/O pinched nerves; This study is being ordered for a neurological disorder.; December 2015; There has been treatment or conservative therapy.; Pain in neck and back, parathesia and neuropathy; Physical therapy

R/O:MYELOPATHY; COMPLEX CASE,PARESTHESIAS THROUGHOUT BODY,LEGS,BILAT ARMS,BILAT FACE,ANXIETY,LOW BACK PAIN AND PRESSURE,AND NECK PAIN,HAS HAD 8 PHYSICAL THERAPY SESSIONS,MODEST AMOUNT OF IMPROVEMENT,WILL CONTINUE WITH THIS.NON-SUSTAINED ANKLE CLONUS.TOES ; This study is being ordered for a neurological disorder.; 04/08/2016; There has been treatment or conservative therapy.; LOW BACK PAIN/PRESSURE,NECK PAIN,PARESTHESIAS THROUGHOUT HIS BODY,LEGS,ARMS,FACE.LEG NUMBNESS;; He's had 8 sessions of physical therapy and is reporting a modest amount of improvement. We'll continue with this. Paresthesias throughout his body. Legs, arms, and face affected bilaterally. Started 3-4 months ago. Can fluctuate at random times. Rule out seizures.; This study is being ordered for a neurological disorder.; 5/10/2016; There has not been any treatment or conservative therapy.; trimmers numbness, dizziness, weakness, difficulty speaking, difficulty walking, head bobbing, jerking, stiffening, back pain. neck pain, insomnia.

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.

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.

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

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

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s) thoracic/lumbar radicular symptoms with increased numbness, difficulties with balance, loss of bladder control.; This study is being ordered for a neurological disorder.; 2013; It is not known if there has been any treatment or conservative therapy.; numbness and pain down right leg, difficulties with balance, frequent falls. loss of bladder control.

unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

unknown; This study is being ordered for a neurological disorder.; 01/2016; There has been treatment or conservative therapy.; dizziness, vertigo, ABN gait, problems with lower extremities; cardiology

weakness in bilateral upper and lower extremities, easily fatigued; This study is being ordered for a neurological disorder.; 3 years Ago; There has been treatment or conservative therapy.; She complains of intermittent episodes of lightheadness. if she's walking. She complains of vertigo sensation.; Physical Therapy and medication Therapy

Would like to send her for MRI Cervical and Lumbar Spine without contrast for further diagnostic evaluation of the numbness and tingling with associated back pain to rule out possible Radiculopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; worsening Peripheral Neuropathy, lower back pain that radiates around to her hips. Complains of numbness and tingling as well as a burning sensation to both feet and hands that occasionally radiates up her left arm. she also complains of balance disturban; Lyrica, Cymbalta, Injections

Description; Lumbago w/ sciatica of rt side (M54.41).; We discussed differential diagnostic considerations. At this point I am not able to attribute her right leg symptoms specifically to a particular localization. She could've a lumbosacral radicular i; 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

This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

looking for the ulnar nerve and to check to see if a spur or fracture or bone is broken; This study is being ordered for trauma or injury.; unknown; It is not known if there has been any treatment or conservative therapy.; pain in elbows, cant move his arms in, very painful with lifting

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.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

&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.; 4.4.2016; There has been treatment or conservative therapy.; RIDICULOPATHY /LEFT HIP PAIN /WEAKNESS /DECREASE IN RANGE OF MOTION WORSENING; IBPROFEN /PHYSICAL THERAPY /CONSERVATIVE THERAPY

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).

Abnormal MRI possible tumor; This study is being ordered for a neurological disorder.; September 2015; There has been treatment or conservative therapy.; Paresthasias fatigue weakness;

More lesions were discovered Test needed to rule out tumor; This study is being ordered for a neurological disorder.; September 2015; There has been treatment or conservative therapy.; Headaches paresthasias weakness fatigue; MS medications

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 CT Angiography of the abdominal arteries.

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.; repeat MUGA scan is needed before next infusion to assess for stability of EF.

Early onset Alzheimer or front dementia. Hx memory loss. MSA 22 out of 30. Imaging was done, and the mri was inconclusive.; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.

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.

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.

EVALUATE AND TREAT MIGRAINE AND SINUS 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.; 04/21/2016; There has been treatment or conservative therapy.; SINUS INFECTION,COGNITIVE ISSUES,VERY SENSITIVE TO AIR GOING IN AND OUT OF NOSE,LOTS OF FACE PRESSURE, MIGRAINE, SINUS PAIN; MEDS- FLONASE,HYDROCODONE-ACET.,ZOLMITRIPTAN ODT,FORTEO,BOTOX,ZOMIG,ALEVE,ANTIBIOTICS FOR SINUS INFECTION SEVERAL TIMES.

Radiology Services Denied Not Medically Necessary

Headaches and seizures; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.

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.; 01/2016; There has been treatment or conservative therapy.; Headaches, falling; X-rays

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

CTA Head and neck with contrast to rule out dissection, aneurysm. Mr Shepherd presents for headaches starting in February. He states he woke up and had headaches. He states they are in the back of his head on the right. He denies head and neck trauma. He ; This study is being ordered for a neurological disorder.; February; There has been treatment or conservative therapy.; Headaches, throbbing, pulsating and sensitivity to light and noises with headaches.dizziness and blurry vision.; Amitriptyline

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

The latest carotid ultrasound, 7/2014, showed right 50-79% stenosis with lesser left stenosis. A follow-up ultrasound is ordered.; This study is being ordered for Vascular Disease.; 07/2014; There has been treatment or conservative therapy.; System&#x0D; Neg/Pos&#x0D; Details&#x0D; Constitutional&#x0D; Negative&#x0D; Weight loss.&#x0D; Neuro&#x0D; Positive&#x0D; Gait disturbance, Numbness in extremity.&#x0D; Neuro&#x0D; Negative&#x0D; Dizziness, headache, memory impairment, seizures and tremors.&#x0D; Psych&#x0D; Positive&#x0D; Anxiety.&#x0D; Psych&#x0D; Negative&#x0D; Depres; Dexilant 60 mg capsule, delayed release&#x0D; take 1 capsule by oral route every day for 8 weeks&#x0D; Aspir-81 81 mg tablet,delayed release&#x0D; take 1 tablet by oral route every day&#x0D; Vitamin D3 2,000 unit tablet&#x0D; 1 po qd&#x0D; Restasis 0.05 % eye drops in a dropperette&#x0D;

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2013; It is not known if there has been any treatment or conservative therapy.; facial drooping, and pain.  
; This study is being ordered for a neurological disorder.; 04/27/2016; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

CTA Head and neck with contrast to rule out dissection, aneurysm. Mr Shepherd presents for headaches starting in February. He states he woke up and had headaches. He states they are in the back of his head on the right. He denies head and neck trauma. He ; This study is being ordered for a neurological disorder.; February; There has been treatment or conservative therapy.; Headaches, throbbing, pulsating and sensitivity to light and noises with headaches.dizziness and blurry vision.; Amitriptyline  
Yes, this is a request for CT Angiography of the Neck.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; several months - February 2016; There has been treatment or conservative therapy.; Pt is falling, dizziness, blurred vision, headaches and vertigo.; Pt has been given medication, maxil, necplasing

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Episodic left numbness and weakness suggest the possibility of TIA. The differential would include migraine aura without headache.; This study is being ordered for a neurological disorder.; , Ms. Carroll from age 5 to 16 suffered trance-like episodes of unresponsiveness. These were not evaluated and were not treated with medications. They cease to their own only to apparently resume in about January 2016.; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

He states he saw an ENT for it and they checked his sinuses and told him they were all clear and gave him a hearing test and he has lost 60% of hearing in right ear. He states he was not told a cause for his hearing loss. He complains of dizziness and uns; This study is being ordered for a neurological disorder.; February 2015; It is not known if there has been any treatment or conservative therapy.; 60% Lost of hearing in right ear, Dizziness and Unsteadiness and vertigo

Radiology Services Denied Not Medically Necessary

MRI Brain w/wo contrast to rule out tumor, ischemia, demyelination, MRA Head to rule out aneurysm severe unilateral new headache with feature of complex migraine tinnitus.; This study is being ordered for a neurological disorder.; 05/13/2016; There has been treatment or conservative therapy.; Headaches happens all day every day. Sensitivity to light and noises and the left side of her body went weak and she could not stand up. She complains of tinnitus a low steady buzz at times. Her pain is always on the left side of her head; Butalbital &#x0D; Hydrocodone and naproxen &#x0D; Topamax per protocol titrate up to 100 mg BID &#x0D; Zipsor

Radiology Services Denied Not Medically Necessary

MRI Brain with contrast to rule out ischemia, tumor, seizure focus, and MRA Head and Neck to r/o aneurysm/dissection patient complains of tinnitus on left side, no family history of aneurysm. MRI C Spine to rule out degenerative disc disease, radiculopathy; This study is being ordered for a neurological disorder.; November 2015; It is not known if there has been any treatment or conservative therapy.; Nausea, Dizziness and headache. Blurriness, tremoring on the left side of her head and describes it as happening at night and had swelling in her head. left side of face felt like it was spasming. Tinnitus in her left ear. history of neck pain with radi

Radiology Services Denied Not Medically Necessary

PROBLEM #1: Memory loss and brain fog. Overall improved. MRI showed some atrophy but no worrisome neurological diseases. She is on B12 replacement. Level was 424. She feels her memory loss and brain fog did get a bit better on the B12. EEG testing wa; This study is being ordered for a neurological disorder.; December 2014; There has been treatment or conservative therapy.; PROBLEM #1: Memory loss and brain fog. Overall improved. MRI showed some atrophy but no worrisome neurological diseases. She is on B12 replacement. Level was 424. She feels her memory loss and brain fog did get a bit better on the B12. EEG testing wa; B12 replacement

Radiology Services Denied Not Medically Necessary

R/O Aneurysm; This study is being ordered for trauma or injury.; headaches 2003&#x0D; injury unknown date; There has not been any treatment or conservative therapy.; headaches, facial pain, ringing in ears

Radiology Services Denied Not Medically Necessary

S/P eye exam weight loss scattered visual field deficits; This study is 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.; Bilateral paplidema H/A



Radiology Services Denied Not Medically Necessary

The doctors would like these studies to rule out tumor or lesion since the headaches have only been going on for a couple of 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.; June 6, 2016; There has been treatment or conservative therapy.; Pt has been having sever headaches for two weeks. In the bilateral occipital area. The headaches are increasing over an hour period. Sneezing, nodding makes the headache worse. Photophobia and phonophobia along with blurry vision.; Ibuprofen

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.

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.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for a neurological disorder.; 03-28-2016; There has been treatment or conservative therapy.; Numbness, tingling, blurred vision, facial droop, double vision,; Medications, PT,

Radiology Services Denied Not Medically Necessary

Episodic left numbness and weakness suggest the possibility of TIA. The differential would include migraine aura without headache.; This study is being ordered for a neurological disorder.; , Ms. Carroll form age 5 to 16 suffered trance-like episodes of unresponsiveness. These were not evaluated and were not treated with medications. They cease to their own only to apparently resume in about January 2016.; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

He states he saw an ENT for it and they checked his sinuses and told him they were all clear and gave him a hearing test and he has lost 60% of hearing in right ear. He states he was not told a cause for his hearing loss. He complains of dizziness and uns; This study is being ordered for a neurological disorder.; February 2015; It is not known if there has been any treatment or conservative therapy.; 60% Lost of hearing in right ear, Dizziness and Unsteadiness and vertigo

Radiology Services Denied Not Medically Necessary

MRI Brain with contrast to rule out ischemia, tumor, seizure focus, and MRA Head and Neck to r/o aneurysm/dissection patient complains of tinnitus on left side, no family history of aneurysm. MRI C Spine to rule out degenerative disc disease, radiculopath; This study is being ordered for a neurological disorder.; November 2015; It is not known if there has been any treatment or conservative therapy.; Nausea, Dizziness and headache. Blurriness, tremoring on the left side of her head and describes it as happening at night and had swelling in her head. left side of face felt like it was spasming. Tinnitus in her left ear. history of neck pain with radi unknown; This study is being ordered for a neurological disorder.; 03-28-2016; There has been treatment or conservative therapy.; Numbness, tingling, blurred vision, facial droop, double vision,; Medications, PT,

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; pain - headache leg weakness blurry vision; PT&#x0D; shots or injections ; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Michelle D Yielding, a 53 y.o.-year old with history of 3 MVA accidents, and fell twice and hit her head. Pt is not working now due to pain in her neck.. Last visit in the clinic was in 2014. Pt states she could not find time to come back until now. Her ; There has been treatment or conservative therapy.; Filed Vitals: &#x0D; 04/04/16 1447 &#x0D; BP: 139/76 &#x0D; Pulse: 68 &#x0D; Weight: 163 lb (73.936 kg) &#x0D; &#x0D; ,Body mass index is 24.79 kg/(m^2).&#x0D; General exam reveals patient to be well-developed, in no acute distress. Affect is bright. No tenderness over temporal; you are sensitive to medication side effects, try Petadolex (butterbur) 75 mg twice a day with meals for migraine prevention. Samples, coupon, and instructions given.&#x0D; &#x0D; &#x0D; You may consider taking some other alternative medications, which are generally co

Radiology Services Denied Not Medically Necessary

chronic migraine, chronic intractable headache 2 to 3 times a week, she describes as a screaming 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.

Radiology Services Denied Not Medically Necessary

Dizziness and change in mental status, 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.

Radiology Services Denied Not Medically Necessary

He states he saw an ENT for it and they checked his sinuses and told him they were all clear and gave him a hearing test and he has lost 60% of hearing in right ear. He states he was not told a cause for his hearing loss. He complains of dizziness and uns; This study is being ordered for a neurological disorder.; February 2015; It is not known if there has been any treatment or conservative therapy.; 60% Lost of hearing in right ear, Dizziness and Unsteadiness and vertigo

Radiology Services Denied Not Medically Necessary

Memory becoming worse, cannot 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

memory issues 3to4 years along with headaches, word finding is difficult; 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.

Radiology Services Denied Not Medically Necessary

Mr Morris present for evaluation of vertigo, lightheadedness, tremors and vertigo that started 2/8/15. She states she has never passed out. She states she has daily episodes of feeling lightheaded and like she is going to pass out every day. MRI Brain to ; This study is being ordered for a neurological disorder.; 2/8/15; There has not been any treatment or conservative therapy.; Vertigo, lightheadedness, tremors and vertigo. headaches, migraines, numbness and tingling in her hands and feet.

Radiology Services Denied Not Medically Necessary

Ms Wade presents for new patient appointment. She has brought a disc with multiple MRIs and she has a cyst on her pineal gland. She states she has headaches. She states they have been going on since age 18. She states over the last year they have gotten 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.

Radiology Services Denied Not Medically Necessary

Multiple sclerosis or other demyelinating illnesses my main concern at this point.; This study is being ordered for a neurological disorder.; 2005; There has been treatment or conservative therapy.; burning tingling all over her body. This is paroxysmal and comes and goes. muscle spasms. cognitive issues as well as increasing clumsiness. fatigue.; medication, therapy

Radiology Services Denied Not Medically Necessary

pt has daily ha accompanied with nausea and blurred vision. he had been to the ER several times to recieve IV pain 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.

Radiology Services Denied Not Medically Necessary

She states she has had headaches since age 10. She was seen at ACH and took maxalt in the past. She states they have not changed she sates there are two different kinds one is all over. One is mostly in the right side and in her neck. She denies family hi; 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.

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.

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 fatigue or malaise.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; unknown

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; pain - headache leg weakness blurry vision; PT&#x0D; shots or injections

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3 weeks prior; There has been treatment or conservative therapy.; pain in neck and left should, fatigue dizziness, numbness, and weakness; medication

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; feb 1 2016; There has not been any treatment or conservative therapy.; pain, and numbness tingling upper and lower extremities

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; years; There has been treatment or conservative therapy.; pain and numbness; medications

Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Michelle D Yielding, a 53 y.o.-year old with history of 3 MVA accidents, and fell twice and hit her head. Pt is not working now due to pain in her neck.. Last visit in the clinic was in 2014. Pt states she could not find time to come back until now. Her ; There has been treatment or conservative therapy.; Filed Vitals: &#x0D; 04/04/16 1447 &#x0D; BP: 139/76 &#x0D; Pulse: 68 &#x0D; Weight: 163 lb (73.936 kg) &#x0D; &#x0D; ,Body mass index is 24.79 kg/(m^2).&#x0D; General exam reveals patient to be well-developed, in no acute distress. Affect is bright. No tenderness over temporal; you are sensitive to medication side effects, try Petadolex (butterbur) 75 mg twice a day with meals for migraine prevention. Samples, coupon, and instructions given.&#x0D; &#x0D; &#x0D; You may consider taking some other alternative medications, which are generally co

Radiology Services Denied Not Medically Necessary

27-year-old gentleman with previous history of seizure now with electrical shocks. I like to check his brain and his spinal cord. Could be degenerative spine disease. Also would like to check for any demyelinating lesions that could be causing these.; This study is being ordered for a neurological disorder.; 10 years ago but a recent increase in symptoms started about 3 years ago.; There has been treatment or conservative therapy.; He describes more of staring off into space or moving his hands mindlessly or sometimes small myoclonic jerks. frequent electrical jolts Jolts will go from the back of his head down through his arms and occasionally into his legs. Occasionally an electri; patient has been treated with various medications in the past. He was tried on Topamax and Kepra.

Radiology Services Denied Not Medically Necessary

Back pain &#x0D; Onset: on 02/07/2016. Location of pain is upper back. There is no radiation of pain. The patient describes the pain as burning. Context: motor vehicle accident. Motor vehicle accident details: The patient was the driver. The accident occurred ; 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.

Radiology Services Denied Not Medically Necessary

CERVICAL SPINE PAIN, LOW BACK PAIN, POST TRAUMATIC HEADACHES, Cervical spine pain (M54.2).&#x0D; Whiplash from MVA, has persistent pain for the past 6 months, esp with flexion. Will get MR and probably do PT after that. No radicular component.&#x0D; Further diagnosis; This study is being ordered for trauma or injury.; 11/12/2015; There has been treatment or conservative therapy.; LOW BACK PAIN, NECK PAIN, RADIATES PAIN TO LEFT BUTTOCK, WORSE WITH BENDING, LIFTING/CARRY SMALL CHILD, WORSE IF TURNS HEAD TO LEFT, WORSE WITH FLEXION AND HEADACHES; TREATED WITH PAIN MEDS AND IBUPROFEN

Radiology Services Denied Not Medically Necessary

CHRONIC NECK AND MIGRAINE PAIN, NECK GRINDING AND POPPING, NOT RESPONDING TO PHYSICAL THERAPY, NECK PAIN RAD TO RIGHT SHOULDER, VERTIGO, ABNORMAL LABS; 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.

Radiology Services Denied Not Medically Necessary

Considering her complaints of memory loss with increase in falls would like to get an MRI Brain to further diagnostic evaluation. MRI C Spine due to her complaints of neck pain with associated numbness and tingling.; This study is being ordered for a neurological disorder.; two years ago; There has been treatment or conservative therapy.; feeling of falling forward, clumsy and bumping into things. restless legs, numbness and tingling to her arms. dizziness, complaints of memory loss and increase falls. staring spells and syncope.; Physical Therapy for her neck pain

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.; PT FELL ANS NOW HAS NECK PAIN

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.; hx of cervical disc disease

Radiology Services Denied Not Medically Necessary

Mr Morris present for evaluation of vertigo, lightheadedness, tremors and vertigo that started 2/8/15. She states she has never passed out. She states she has daily episodes of feeling lightheaded and like she is going to pass out every day. MRI Brain to ; This study is being ordered for a neurological disorder.; 2/8/15; There has not been any treatment or conservative therapy.; Vertigo, lightheadedness, tremors and vertigo. headaches, migraines, numbness and tingling in her hands and feet.



Radiology Services Denied Not Medically Necessary

Ms Clark is a 50 year old right handed female presenting for follow up for muscle spasms and myoclonic jerking. She states her sister had spinal cord cancer and her PCP told her she may have cancer She states she is seeing an ENT soon for dizziness. She st; This study is 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.; muscle spasms and myoclonic jerking. double vision, dizziness, ringing in her ears and facial pain, Headaches

Radiology Services Denied Not Medically Necessary

Multiple sclerosis or other demyelinating illnesses my main concern at this point.; This study is being ordered for a neurological disorder.; 2005; There has been treatment or conservative therapy.; burning tingling all over her body. This is paroxysmal and comes and goes. muscle spasms. cognitive issues as well as increasing clumsiness. fatigue.; medication, therapy

Radiology Services Denied Not Medically Necessary

Myelopathy (G95.9).&#x0D; Sensory level and hyperreflexia suggest the possibility of myelopathy. Weakness and numbness of both legs that intensifies with prolonged standing suggests possible lumbar spinal stenosis.; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; 1. leg pain, numbness,; She details that since 2014 there has been pain from the thighs down symmetrically. This began initially in the right foot that has spread cysts. His intensified by walking. This is a very severe pain. Has burning and tingling qualities as well as sha

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.; 01/2016; There has been treatment or conservative therapy.; Headaches, falling; X-rays

Radiology Services Denied Not Medically Necessary

Patient complaints of pain and numbness to his arms, legs and hands that began about four months ago and occurs everyday. He also reports that he struggles with fine motor movements such as grasping objects. He further explains that sometimes his hands se; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; severe weakness to his 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.

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.; numbness and tingling, muscle weakness, neck pain, history of TIA

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.; The patient has to increase her intake of pain medication as well as muscle relaxors. The patient has noticed with any type of movement her neck will pop and then a sharp, burning pain runs up behind the left ear.

Radiology Services Denied Not Medically Necessary

The patient is having numbness on the right chin, breast, elbow and right hand. She is also having some vision problems along with the numbness. The doctor wants to rule out Multiple Sclerosis with and MRI of the brain also an MRI of the c-spine.; This study is being ordered for Inflammatory/ Infectious Disease.; JUNE 1, 2015; It is not known if there has been any treatment or conservative therapy.; NUMBNESS IN THE CHIN, RIGHT ELBOW, BREAST AND RIGHT HAND.

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.

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.

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.

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.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; scoliosis xray in 2016; 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.

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 was in a car accident on May 20 &#x0D; She has tried some conservative management since the accident but no relief

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.;

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; Ms Mills presents for tremors. She states she had tremors for a few years but didn't notice them until she went back to work after being laid off. She states when typing or going through papers her hands will shake. She states Dr. Wilkerson did blood work; It is not known if there are documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; No, there is not a laboratory or x-ray evidence of an infected disc, septic arthritis or "discitis".; No, there is no laboratory or x-ray evidence of a paraspinal abscess.

Radiology Services Denied Not Medically Necessary

Unknown.; This study is being ordered for a neurological disorder.; Few months; There has been treatment or conservative therapy.; Pain, weakness, jerking, seizures, motor strength -5.; Medications.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; pain - headache leg weakness blurry vision; PT&#x0D; shots or injections

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 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 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.

Radiology Services Denied Not Medically Necessary

Ms Clark is a 50 year old right handed female presenting for follow up for muscle spasms and myoclonic jerking. She states her sister had spinal cord cancer and her PCP told her she may have cancer She states she is seeing an ENT soon for dizziness. She st; This study is 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.; muscle spasms and myoclonic jerking. double vision, dizziness, ringing in her ears and facial pain, Headaches

Radiology Services Denied Not Medically Necessary

r/o neuropathy or radiculopathy; This study is being ordered for a neurological disorder.; 04/04/2006; There has been treatment or conservative therapy.; low back pain radiating to legs middle back pain; feels like she choking; xrays; nsaid

Radiology Services Denied Not Medically Necessary

Rule out demyelinating process such a multiple sclerosis.; This study is being ordered for a neurological disorder.; approximately one month ago; There has been treatment or conservative therapy.; Vision changes to right eye, cramping to both legs, swelling of ankles; MRI Brain and Orbits with and without contrast 04/22/16

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.

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.

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.

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.

Radiology Services Denied Not Medically Necessary

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 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.

Radiology Services Denied Not Medically Necessary

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Radiology Services Denied Not Medically Necessary

Thus far no clear evidence for MS. I have seen cases where an MS panel is positive prior to changes on MRI. Will send her for MRI brain, cervical spine, and thoracic spine all with and without contrast to look for any evidence of a demyelinating 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.; 2 years ago; There has not been any treatment or conservative therapy.; headaches, vision changes and dizziness. blurred vision. pressure like pain all over head. occasional nausea with headaches. history of vision loss of one eye

Radiology Services Denied Not Medically Necessary

Unknown.; This study is being ordered for a neurological disorder.; Few months; There has been treatment or conservative therapy.; Pain, weakness, jerking, seizures, motor strength -5.; Medications.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; pain - headache leg weakness blurry vision; PT&#x0D; shots or injections

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; feb 1 2016; There has not been any treatment or conservative therapy.; pain, and numbness tingling upper and lower extremities

Radiology Services Denied Not Medically Necessary

&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.; 4.4.2016; There has been treatment or conservative therapy.; RIDICULOPATHY /LEFT HIP PAIN /WEAKNESS /DECREASE IN RANGE OF MOTION WORSENING; IBPROFEN /PHYSICAL THERAPY /CONSERVATIVE THERAPY

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.

Radiology Services Denied Not Medically Necessary

50-year-old lady with migraine headaches and low back pain. I'm going to get an MRI of her brain and her lumbar spine. Greater occipital nerve blocks today. Bring her back in for the neuropathic symptoms in her feet with allodynia EMG. I'll also like ; This study is 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 2016; There has been treatment or conservative therapy.; Low back pain, She has allodynia in her feet. She has some left arm numbness as well as pain in her head. The pain yesterday was frontal and posterior. She is concerned that she drops things out of her left hand very frequently. She often has posterior h; She's been tried on Imitrex. She has also tried amitriptyline. and Topamax.

Radiology Services Denied Not Medically Necessary

CERVICAL SPINE PAIN,LOW BACK PAIN,POST TRAUMATIC HEADACHES,Cervical spine pain (M54.2).&#x0D; Whiplash from MVA, has persistent pain for the past 6 months, esp with flexion. Will get MR and probably do PT after that. No radicular component.&#x0D; Further diagnost; This study is being ordered for trauma or injury.; 11/12/2015; There has been treatment or conservative therapy.; LOW BACK PAIN,NECK PAIN,RADIATES PAIN TO LEFT BUTTOCK,WORSE WITH BENDING,LIFTING/CARRY SMALL CHILD,WORSE IF TURNS HEAD TO LEFT,WORSE WITH FLEXION AND HEADACHES; TREATED WITH PAIN MEDS AND IBUPROFEN

Radiology Services Denied Not Medically Necessary

MRI L Spine without contrast to evaluate for suspected degenerative changes and rule out cored compression; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above



Radiology Services Denied Not Medically Necessary

Numbness and tingling of bilateral lower extremities with some abnormal gait.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient is describing left sciatica past the knee and shaking and syncope at all times. Patient has tried clonazepam, gabapentin, ibuprofen, and Tylenol without any relief.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient describes left sciatica past the knee and shaking and syncope with low back pain all the time. Patient has failed six weeks of conservative therapy and continues to have 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.

Radiology Services Denied Not Medically Necessary

Progressive weakness and leg numbness; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  
PT has completed 6 weeks of therapy, status hasn't changed.; The study 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.

Radiology Services Denied Not Medically Necessary

r/o neuropathy or radiculopathy; This study is being ordered for a neurological disorder.; 04/04/2006; There has been treatment or conservative therapy.; low back pain radiating to legs middle back pain; feels like she choking; xrays; nsaid

Radiology Services Denied Not Medically Necessary

The patient is a 45 year old woman who was in her attic on 2/17/16 when she fell through the plasterboard. The ceiling of the floor below her was ten feet below the floor. She fell at least ten feet. She tried to catch herself and ended up landing on her ; This study is being ordered for a neurological disorder.; 2/17/16; There has been treatment or conservative therapy.; Headaches, pain in lower back; Amitriptyline 25mg going to 75mg and Meclizine 25mg P.O t.i.d p.r.n

Radiology Services Denied Not Medically Necessary

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

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)

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/11/2016; There has been treatment or conservative therapy.; radiating pain in hip/pelvic area; medication management  
CT of Pelvis ordered secondary to nerve findings on Neurologic exam without a history of low back pain or radicular pain, hope to exclude a structural cause in the trunk; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3 weeks prior; There has been treatment or conservative therapy.; pain in neck and left shoulder, fatigue dizziness, numbness, and weakness; medication

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/11/2016; There has been treatment or conservative therapy.; radiating pain in hip/pelvic area; medication management

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

R/O gait abnormalities; This study is being ordered for a neurological disorder.; 9/2015; There has been treatment or conservative therapy.; Gait difficulties that are contributing to her falling; "OTC medication and stuff like that"

Radiology Services Denied Not Medically Necessary

CT of Abdomen ordered in hopes to exclude a structural cause in the trunk due to nerve finding on neurologic exam in the right leg without low back pain or radicular pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

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 a 34-year-old-man who has right groin pain and has right groin pain and numbness. This started about a year and a half ago and is getting worse. He is an equipment operator. The pain in his right groin gets worse when he is walking and is be

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the abdominal arteries.

Radiology Services Denied Not Medically Necessary

patient with worsening memory loss, need pet scan to confirm.; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.

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.

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.

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.

; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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.

Pt has elevated prolactin level of 392; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.

This 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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

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.

"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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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.

Polyps on vocal chords; Hoarse; Cough; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

Subtle increased opacity projects just lateral to the right hilum; No previous studies are available to confirm stability of this finding. An area of scarring or even an acute infiltrate less likely a mass cannot be excluded. Dedicated CT scan of the 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

MRI done in 2012 show persistent R mass; This study is being ordered for Congenital Anomaly.; Unknown; There has not been any treatment or conservative therapy.; Hx of syringomyelia

; 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 MRI done in 2012 show persistent R mass; This study is being ordered for Congenital Anomaly.; Unknown; There has not been any treatment or conservative therapy.; Hx of syringomyelia

; 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.

mass found on ultrasound; 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.

right lower quadrant pelvic pain.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

Ultrasound done 3/11/16, color Doppler study can not view right ovary. Ovarian torsion is not excluded. Pelvic pain, right low quadrant pain.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

unknown; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Complete Anterior Previa suspected accrete; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

congenital malformation; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

ovarian cyst; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A cyst was noted on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.

This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.

This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

This is a request for a Pelvis MRI.; The study is being ordered for endometriosis.; A diagnosis of endometriosis been established.; The patient had a previous abnormal Ultrasound.

Unknown; This is a request for a Pelvis MRI.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.



&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis 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.

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.

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age. unknown; This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

; 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.

; 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.  
; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

HAD THIS FOR 3 WEEKS, SHARP SHOOTING 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 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.  
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 abnormal.

Pain throughout ABD/Pelvis, radiates from rectum to lower quad during bowel movement, no prior radiologic evaluation, recent colonoscopy, difficulty with bowel movement needs manipulation, menstrual regular every month, previous placed on OTC to try to he; 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.

R/O KIDNEY STONES; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.

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.

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

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

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

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

This is 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 an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; 68 y.o. G3P0012 with BMI 23 presents for evaluation of vaginal discharge. She reports onset of brown vaginal discharge in June or July of 2015, no inciting factor. She was treated multiple times for infection and started on premarin cream for atrophy with

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; KNOW FIBROIDS, RIGHT LOWER QUADRANT PAIN

This is 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 history of IUD placement, not visualized on pelvic ultrasound

This is 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 a normal ultrasound. She has had increased abd/pelvic pain for the past 7 months. The pain rad into her right side. Pain is a 8 to 10 on scale. Pt has a family hx of endometriosis.

This is 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 chronic abdomen pain with large fibroids and heavy menstrual cycle

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

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

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

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

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Abdominal wall mass; r/o hernia

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; Pelvic mass on examination

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

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; &lt;Enter Additional Clinical Information&gt; Patient had an abnormal pat smear and resulted in AGUS. Next step is to have biopsy to show why.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; FOLLOW UP OF KNOWN TUMOR WITH MALIGNANT POTENTIAL

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; solid appearing area seen adjacent to right ovary via ultrasound. measurements are 2.4 x 1.1 x 1 cm

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

unknown; 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.

unknown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.

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.; Performed last year; surveillance.

This a request for a Fetal MRI.; An ultrasound of the mother been completed.; None of the above has been identified or remains uncertain after an ultrasound.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

; This 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.

; 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.



ABNORMAL MAMMOGRAM THREE MASS LIKE DENSITIES PRESENT IN HTE RIGHT BREAST; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

breast lesions that can only be visualized in mri; 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.

breast mass; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; It is not known if this patient have axillary node adenocarcinoma.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.

calculated life time risk of 23.85 percent;; 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).

Family history of breast cancer. Lifetime risk of breast cancer based on Gail score is 16.3% for this patient. Sister was diagnosed at age 47. Maternal grandmother at age 48. Paternal cousin and great grandmother on both sides also with previous diagn; 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).

Known family history; 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).

mother was diagnosed with breast CA twice; 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).

This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.

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).

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.

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 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.

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.

Pt is pregnant, peristant headache with 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Memory loss for long period of time, is gradually getting worse.; 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.

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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

none; 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.; 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.

Radiology Services Denied Not Medically Necessary

POST BLEEDING AFTER SURGERY; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

Radiology Services Denied Not Medically Necessary

&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.; 4/1/16; There has been treatment or conservative therapy.; pelvic pain non inflammatory disorder; pelvis ultra sound

Radiology Services Denied Not Medically Necessary

None; This is a request for a Pelvis MRI.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.

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.

Radiology Services Denied Not Medically Necessary

patient is unable to eat due to worsening abdominal pain and nausea; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONSET OF PAIN OVER PAST YEAR; There has not been any treatment or conservative therapy.; Pain sharp, midline for past year but worse over the past month. Nothing makes it better or worse; past 3 days has gotten worse.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONSET OF PAIN OVER PAST YEAR; There has not been any treatment or conservative therapy.; Pain sharp, midline for past year but worse over the past month. Nothing makes it better or worse; past 3 days has gotten worse.

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;

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; &lt;Enter Additional Clinical Information&gt;

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 and pelvic pain, u/s normal, history of hysterectomy w/no BSO, tender on palpitations on abdomen and pelvis

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; bugle around her C-sections scar

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; Intermittent abd pain and a bulge to her abd under an incision

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; Pari umbilical abdominal pain.

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 unexplained pain that is radiating that is unrelieved w/ anti inflammatory or other measures

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

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; Surgery revealed organ enlargement of ureter rt.

Radiology Services Denied Not Medically Necessary

&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.; 4/1/16; There has been treatment or conservative therapy.; pelvic pain non inflammatory disorder; pelvis ultra sound

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

calcifications in dense breasts; 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.

Radiology Services Denied Not Medically Necessary

unknown; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; It is not known if this patient have axillary node adenocarcinoma.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

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

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 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.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 4 exams are being ordered.

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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

cancer; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Catherine J Sawyer is a 55 y.o. female with history of Right breast Invasive infiltrating lobular carcinoma diagnosed in 2010. She completed neoadjuvant chemotherapy, then underwent Bilateral Total Skin Sparing Mastectomies, with right sentinel lymph node; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Scans to evaluate status post radiation and current chemotherapy.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.

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.



&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 4 exams are being ordered.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. Evaluation of patient with Lung Nodules.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Initial staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Scans to evaluate status post radiation and current chemotherapy.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Z85.820 DX, D38.1 DX; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 4 exams are being ordered.

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Initial staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Scans to evaluate status post radiation and current chemotherapy.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

Z85.820 DX, D38.1 DX; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

; 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). This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.

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).

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.; Catherine J Sawyer is a 55 y.o. female with history of Right breast Invasive infiltrating lobular carcinoma diagnosed in 2010. She completed neoadjuvant chemotherapy, then underwent Bilateral Total Skin Sparing Mastectomies, with right sentinel lymph nod; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.

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.

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.

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.

Scans to evaluate status post radiation and current chemotherapy.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.

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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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; There is another reason why an MRI is not being considered; &lt;Please enter reason here&gt;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Constant, binocular, obilque diplopia since surgery; This study is being ordered for trauma or injury.; 04/30/14; There has been treatment or conservative therapy.; Horizontal double vision, trouble with depth perception, occluded right lens; R hemicraniectomy 4/2014,&#x0D; Cranioplasty involving R orbital roof/lateral orbital wall (plastic bone flap)3/2015

Patient has a foreign body stuck in his left eye. Headaches are increasing.; 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.

Suspician of stroke; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; It is unknown why an MRI is not being considered

This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";  
"There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct";  
"There is a history of serious head or skull, trauma or injury.ostct"

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";  
"There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct";  
"There is not a history of serious head or skull, trauma or injury.ostct"; "There is not  
suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent  
postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or  
other tumor. ostct"

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";  
"There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct";  
"There is not a history of serious head or skull, trauma or injury.ostct"; "There is  
suspicion of neoplasm, or metastasis.ostct"

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";  
"There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"

&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.; 5/4/2016; There has been treatment or conservative therapy.; mbr  
has eye irritation and swelling and vision problems; Prednisone

Pseudo tumor , headaches, pressure behind the eyes; This study is being ordered for  
a metastatic disease.; There are 2 exams are being ordered.; One of the studies being  
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 request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial  
bone or skull, trauma or injury.fct"

"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 CT Angiography of the Neck.



&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; migraine, lost total vision in R eye

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; headache, blurred vision

&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.; 5/23/2016; There has been treatment or conservative therapy.; mbr has left sided pain in neck and headache; Ct was done on 5/23/2016

1. X(T). Etiology - decompensation of long term XT?, rule out MG and TRO. &#x0D; 2. Graves disease. &#x0D; MRI needed for surgery; 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.

Concern for MS; This study is being ordered for a neurological disorder.; Initial onset was 2 yrs ago; There has not been any treatment or conservative therapy.; History of visual field defect, history of headaches, dizziness and lightheadedness as well as previous white matter diagnosis and family history of cerebral aneurysms

Cystoid macular edema, FH of possible MS; This study is 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 2011; There has been treatment or conservative therapy.; swelling in back of eyes; subtenon kenolog injections

had sinus infection when central vision loss happened; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; happened on 6/15 with a sinus infection the day before he went into the hospital; There has not been any treatment or conservative therapy.; Visual Field Defect left eye 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.; Patient has disorders of the optic nerve and Headaches for awhile; There has not been any treatment or conservative therapy.; Headaches

None; This study is being ordered for a neurological disorder.; 06/01/2016; There has been treatment or conservative therapy.; Visual field defect dizziness H/A weakness numbness and tingling of extremities nausea pain in eyes; Blood work

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/11/2016; There has not been any treatment or conservative therapy.; Post operative cataract surgery. Pt has decreased vision. Pt is positive for APD new symptom.

Patient has Kallman Syndrome with visual field defects both eyes and headaches; This study is being ordered for a neurological disorder.; Patient has Kallman Syndrome with visual field defects both eyes and headaches; There has not been any treatment or conservative therapy.; Headaches and visual field defects both eyes

Patient has visual field defects both eyes and some edema in left eye; This study is being ordered for Vascular Disease.; Patient has headaches with tunnel vision and optic nerve swelling left eye with visual field defect both eyes; There has not been any treatment or conservative therapy.; Headaches with tunnel vision

Patient is losing vision in her right eye from Optic neuritis (edema); This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Possible Sixth Cranial Nerve Palsy and Neurosarcoid; This study is being ordered for a neurological disorder.; Patient has Neurosarcoid with possible Bilateral Sixth Cranial Nerve Palsy; There has not been any treatment or conservative therapy.; Patient is complaining of Double Vision all the time

Pressure behind both eyes visual disturbance neg ct vision loss both eyes; There is not a suspicion of an infection or abscess.; It is unknown if this examination is being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.

R/O Brain tumor; This study is being ordered for a neurological disorder.; 05/04/2016; There has not been any treatment or conservative therapy.; H/A decreased vision  
The doctor wants to R/O Multiple Sclerosis; This study is being ordered for a neurological disorder.; patient has Thyroid cancer and the doctor wants to R/O multiple sclerosis; There has not been any treatment or conservative therapy.; Double vision with Visual Disturbances and a HX of Thyroid cancer

This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

To rule out Optic Neuritis or Demyelinating; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Sudden onset of blurry vision x 3 days that left him with no central vision with some memory trouble; There has not been any treatment or conservative therapy.; Sudden onset of blurry vision x 3 days that left him with no central vision with some memory trouble

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

Concern for MS; This study is being ordered for a neurological disorder.; Initial onset was 2 yrs ago; There has not been any treatment or conservative therapy.; History of visual field defect, history of headaches, dizziness and lightheadedness as well as previous white matter diagnosis and family history of cerebral aneurysms

Patient has Bilateral Visual Field Defects with Papilledema both eyes and Headaches the doctor is trying to rule out a 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.

Patient has visual field defects both eyes and some edema in left eye; This study is being ordered for Vascular Disease.; Patient has headaches with tunnel vision and optic nerve swelling left eye with visual field defect both eyes; There has not been any treatment or conservative therapy.; Headaches with tunnel vision

Ruling out aneurysm; pressure right side of face and of right eye. Double vision right eye. Double vision even when the patient is walking.; This study is being ordered for a neurological disorder.; 04/23/2016; There has not been any treatment or conservative therapy.; Ruling out aneurysm; pressure right side of face and of right eye. Double vision right eye. Double vision even when the patient is walking.

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.

to Rule out Drusen; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Onset was 4/13/16 with total vision loss and severe headaches; There has not been any treatment or conservative therapy.; Blurry vision, severe headaches and total vision loss

UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/4/2016; There has not been any treatment or conservative therapy.; DOUBLE VISION, DROOPY EYELID, FAMILY HISTORY OF ANEURYSM

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; migraine, lost total vision in R eye

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; headache, blurred vision

&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.; 5/23/2016; There has been treatment or conservative therapy.; mbr has left sided pain in neck and headache; Ct was done on 5/23/2016

Concern for MS; This study is being ordered for a neurological disorder.; Initial onset was 2 yrs ago; There has not been any treatment or conservative therapy.; History of visual field defect, history of headaches, dizziness and lightheadedness as well as previous white matter diagnosis and family history of cerebral aneurysms

Cystoid macular edema, FH of possible MS; This study is 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 2011; There has been treatment or conservative therapy.; swelling in back of eyes; subtenon kenolog injections

had sinus infection when central vision loss happened; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; happened on 6/15 with a sinus infection the day before he went into the hospital; There has not been any treatment or conservative therapy.; Visual Field Defect left eye

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.

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.; Patient has disorders of the optic nerve and Headaches for awhile; There has not been any treatment or conservative therapy.; Headaches

None; This study is being ordered for a neurological disorder.; 06/01/2016; There has been treatment or conservative therapy.; Visual field defect dizziness H/A weakness numbness and tingling of extremities nausea pain in eyes; Blood work

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/11/2016; There has not been any treatment or conservative therapy.; Post operative cataract surgery. Pt has decreased vision. Pt is positive for APD new symptom.

Optic disc edema OU, ocular HTN OU, dry eye syndrome of bilateral lacrimal glands; This study is 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.; Headaches, papilledema, HTN

Patient has Bilateral Visual Field Defects with Papilledema both eyes and Headaches the doctor is trying to rule out a 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.

Patient has Kallman Syndrome with visual field defects both eyes and headaches; This study is being ordered for a neurological disorder.; Patient has Kallman Syndrome with visual field defects both eyes and headaches; There has not been any treatment or conservative therapy.; Headaches and visual field defects both eyes



Patient is losing vision in her right eye from Optic neuritis (edema); This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Possible Sixth Cranial Nerve Palsy and Neurosarcoid; This study is being ordered for a neurological disorder.; Patient has Neurosarcoid with possible Bilateral Sixth Cranial Nerve Palsy; There has not been any treatment or conservative therapy.; Patient is complaining of Double Vision all the time

Pt has significant visual field defects of both eyes; 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.

PTC; This study is 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.; intermittent blurry vision and pressure on eye when looking down, occasional shooting pain down the left side of face and the back of her head, nausea associated with headaches

R/O Brain tumor; This study is being ordered for a neurological disorder.; 05/04/2016; There has not been any treatment or conservative therapy.; H/A decreased vision  
RULE OUT CHIASMAL LESION; This study is being ordered for Congenital Anomaly.; 3/4/2016; There has not been any treatment or conservative therapy.; VERTICAL HIGH FREQUENCY NYSTAGMUS

Ruling out aneurysm; pressure right side of face and of right eye. Double vision right eye. Double vision even when the patient is walking.; This study is being ordered for a neurological disorder.; 04/23/2016; There has not been any treatment or conservative therapy.; Ruling out aneurysm; pressure right side of face and of right eye. Double vision right eye. Double vision even when the patient is walking.

The doctor wants to R/O Multiple Sclerosis; This study is being ordered for a neurological disorder.; patient has Thyroid cancer and the doctor wants to R/O multiple sclerosis; There has not been any treatment or conservative therapy.; Double vision with Visual Disturbances and a HX of Thyroid cancer

This 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.

This 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.

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.

This request is for a Brain MRI; The study is NOT being requested 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

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

to Rule out Drusen; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Onset was 4/13/16 with total vision loss and severe headaches; There has not been any treatment or conservative therapy.; Blurry vision, severe headaches and total vision loss to rule out 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.

To rule out Optic Neuritis or Demyelinating; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Sudden onset of blurry vision x 3 days that left him with no central vision with some memory trouble; There has not been any treatment or conservative therapy.; Sudden onset of blurry vision x 3 days that left him with no central vision with some memory trouble UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/4/2016; There has not been any treatment or conservative therapy.; DOUBLE VISION, DROOPY EYELID, FAMILY HISTORY OF ANEURYSM

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 days ago; There has not been any treatment or conservative therapy.; double vision,

Vertigo, headaches, Mild optic disc edema ou Gr. 2 ou-likely papilledema ou; This request is for a Brain MRI; The study is 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.

vision loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

Patient has Myasthenia Gravis trying to R/O a Thymoma tumor; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Pseudo tumor , headaches, pressure behind the eyes; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

Constant, binocular, oblique diplopia since surgery; This study is being ordered for trauma or injury.; 04/30/14; There has been treatment or conservative therapy.; Horizontal double vision, trouble with depth perception, occluded right lens; R hemispherectomy 4/2014, Cranioplasty involving R orbital roof/lateral orbital wall (plastic bone flap)3/2015

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

PTC; This study is 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.; intermittent blurry vision and pressure on eye when looking down, occasional shooting pain down the left side of face and the back of her head, nausea associated with headaches

Radiology Services Denied Not Medically Necessary

RULE OUT CHIASMAL LESION; This study is being ordered for Congenital Anomaly.; 3/4/2016; There has not been any treatment or conservative therapy.; VERTICAL HIGH FREQUENCY NYSTAGMUS

Radiology Services Denied Not Medically Necessary

to rule out 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.

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.; two days ago; There has not been any treatment or conservative therapy.; double vision,

Radiology Services Denied Not Medically Necessary

&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.; March 26, 2016; There has been treatment or conservative therapy.; Pt has headaches and nausea, vomiting; something for headaches

Radiology Services Denied Not Medically Necessary

Optic disc edema OU, ocular HTN OU, dry eye syndrome of bilateral lacrimal glands; This study is 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.; Headaches, papilledema, HTN

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&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.; March 26, 2016; There has been treatment or conservative therapy.; Pt has headaches and nausea, vomiting; something for headaches  
This is a request for a temporomandibular joint MRI.  
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 CT Angiography of the lower extremity.

"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

; This study is being ordered for a neurological disorder.; 12/28/15; There has been treatment or conservative therapy.; Left leg weakness and numbness. no ROM in thoracic or lumbar spine. persistent weakness of the arm and supine vertigo. Pubic symphysis vertical subluxation and instability; PT/OT since 12/2015

Patient is positive for Neuro with weakness and hand clumsiness (MS) weakness in legs and thighs. &#x0D; &#x0D; Pt had a recent fall and reported concussion; This study is being ordered for a neurological disorder.; 5/28/2015; There has been treatment or conservative therapy.; Severe pain in bilateral upper back, bilateral lumbar area, bilateral gluteal area, bilateral thighs and legs. Location of weakness/numbness is in the bilateral thigh and bilateral leg. The pain is also to the bilateral back, calf and shoulders.; Physical Therapy, Sterior Injections, non-steroidal anti-inflammatory,

Primary care doctor did MRI that showed a perinueral cyst at S2 which could not explain any of her symptoms. X-rays done today does not show an abnormality; This study is being ordered for a neurological disorder.; Around 5/13/16, normal one day and woke up unable to walk the next day. She has regained the ability to walk but not very well; It is not known if there has been any treatment or conservative therapy.; walks with a terrible gait because she cannot feel left foot. Weakness of dorsiflexion and plantarflexion. No reflex at the left ankle, hyperreflexic at knees. Went to bed fine about 4 weeks ago and woke up next day unable to walk. She has regained her ab

Pt is walking with a limp is having severe headaches with possible pituitary tumor. Thoracolumbar spine. Pain in the bilateral neck, lumbar and hip.; This study is being ordered for a neurological disorder.; June 2015; There has been treatment or conservative therapy.; decreased mobility, severe pain, hand clumsiness, numbness in extremities, rash, spasms, tenderness and numbness in hands; Non steroidal inflammatories, physical therapy, lifestyle modifications, home spinal exercises

This request is for a Brain MRI; The study is NOT being requested 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

"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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

looking at nerve root that comes out of brachial plexus; This study is being ordered for pre-operative evaluation.; There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of tuberculosis or fungal infection.; There is no radiologic evidence of a lung abscess.; There is no radiologic evidence of pneumoconiosis.; There is no radiologic evidence of asbestosis.; The ordering physician is not an oncologist, surgeon, pulmonologist, or cardiologist.; There is a known inflammatory disease.; There is not a known tumor.; This is a request for a chest MRI.

patient is having continued pain in the left arm at the c-7, with radiculopathy.; 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.



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. unknown; 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.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt is continuing to have pain after surgery and PT with injections; There has been treatment or conservative therapy.; pain in the neck and shoulders; Pt and injections

; This study is being ordered for trauma or injury.; 1/3/14; There has been treatment or conservative therapy.; Severe pain in the cervical and thoracic spine; physical therapy, non steroidal anti inflammatories

; 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.

Cervical spine pain after a fall 4 days ago.; 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.

CT is ordered for better evaluation of bone fragment seen anterior to C1. Neck pain for several years that has progressively gotten worse in the last few weeks. Limited range of motion with pain when laying down and constant soreness. Neck pain causes sev; 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.

Discussed MRI findings. There is diffuse multilevel degenerative changes. Mild central canal stenosis C5-6 with foraminal narrowing. Broad-based posterior disc protrusion C4-5 with mild foraminal narrowing. Minimal posterior disc effaces the thecal sa; 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.

Pt has profound weakness interossei musculature of the right hand compared to the left. MRI showed at C7-T1 on the right side severe foraminal stenosis on the right secondary to what appears to be a posterior based lesion that could be a cyst versus bone ; 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.

sharp pains in middle of back and chest wall, activity worsens activity; This study is being ordered for trauma or injury.; 12 years ago after a fall; There has been treatment or conservative therapy.; neck and back pain, arm pain, numbness; medication, chiropractic care

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.

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.

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.; pain in the lumbar spine and the t spine areas; medication and stretching ; This study is being ordered for trauma or injury.; 1/3/14; There has been treatment or conservative therapy.; Severe pain in the cervical and thoracic spine; physical therapy, non steroidal anti inflammatories

Patient has a chronic, 20 year history of right and left sided thoracolumbar pain. The pain is getting worse. Thoracolumbar deformity of 6 degrees. X-ray done on 6/8/16 reveals 25 degree curvature from T9-L1 with mild rotation and displacement of midline; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

pt continues to have pain and is not healing in a timely manner. Fractures still visible on x ray.; This study is being ordered for trauma or injury.; 11/17/15; There has been treatment or conservative therapy.; Constant pain in his back along with episodes of severe pain; Physical Therapy; Home Traction Program; Non-steroidal anti-inflammatories; Muscle Relaxer  
see previous; This study is being ordered for a neurological disorder.; 2/2014; There has been treatment or conservative therapy.; Pt cannot walk without debilitating back pain, weakness on the right side. Thoracolumbar deformity, lateral recess and foraminal stenosis at L3-4. disc at L4-5 is showing some amount of disc desiccation and there is a tilt at the L4-5 level; Non-steroidal anti-inflammatories, steroid injections, Physical therapy  
sharp pains in middle of back and chest wall, activity worsens activity; This study is being ordered for trauma or injury.; 12 years ago after a fall; There has been treatment or conservative therapy.; neck and back pain, arm pain, numbness; medication, chiropractic care

surgery has been performed and pain still exists, trying to R/O non union that has occurred; This study is being ordered for trauma or injury.; 12/22/2015; There has been treatment or conservative therapy.; upper and low back pain, leg pain c numbness and tingling; PT of thoracic and lumbar spine, inj, medication

the provider would like to take a look at the pts hardware that is currently in the pts back to make sure that it is in place and that is not the reason for the pain; This study is being ordered for Congenital Anomaly.; no date was given; There has been treatment or conservative therapy.; sharp piercing pain; pt has had previous surgery and she has taken medications and injections

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 lower extremity weakness.; There is a known condition of neurological deficits.

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. this pt will be having a whole body bone scan with a ct.; 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.

; This study is 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 pt had lumbar surgery some time back and is continuing to have pain and radiating pain down the legs. The provider is wanting to eval to see if further surgery is needed.; It is not known if there has been any treatment or conservative therapy.;

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/12/2015; There has been treatment or conservative therapy.; Persistent right buttock and leg pain. Quality of life is very low due to immobility; Physical therapy, medication, spine injections and a functional capacity exam

Patient has a chronic, 20 year history of right and left sided thoracolumbar pain. The pain is getting worse. Thoracolumbar deformity of 6 degrees. X-ray done on 6/8/16 reveals 25 degree curvature from T9-L1 with mild rotation and displacement of midline; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Patient has very limited and very painful range of motion in the thoracic and lumbar spine. Patient is not able to stand for very long. Patient has recurrent stenosis at L4-5 with probable facet cyst. Mobile spondylolisthesis and possible pars fracture ; This study is being ordered for trauma or injury.; July 2015; There has been treatment or conservative therapy.; patient has recurrent stenosis at L4-5 with a probable facet cyst. severe pain in thoracic and lumbar spine with limited and painful range of motion; epidural injections. surgery to L4-5 and L5-S1. non steroidal anti inflammatories

preoperative scans.; This study is 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 of 2014; There has been treatment or conservative therapy.; The patient has obvious scheuermann's kyphosis of the mid and low thoracic spine centered around T10. There is obvious Schmorl's nodes and wedging of the vertebral bodies. significant draping of the spinal cord over the kyphotic deformity.; Physical Therapy, Bracing, medications to include anti-inflammatories and muscle relaxers

pt continues to have pain and is not healing in a timely manner. Fractures still visible on x ray.; This study is being ordered for trauma or injury.; 11/17/15; There has been treatment or conservative therapy.; Constant pain in his back along with episodes of severe pain; Physical Therapy; Home Traction Program; Non-steroidal anti-inflammatories; Muscle Relaxer  
see previous; This study is being ordered for a neurological disorder.; 2/2014; There has been treatment or conservative therapy.; Pt cannot walk without debilitating back pain, weakness on the right side. Thoracolumbar deformity, lateral recess and foraminal stenosis at L3-4. disc at L4-5 is showing some amount of disc desiccation and there is a tilt at the L4-5 level; Non-steroidal antiinflammatories, steroid injections, Physical therapy

Signal scoliosis of right sided collapse at L4-5. diffuse degenerative changes. Disc protrusion, 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.; April of 2015; There has been treatment or conservative therapy.; pain and stiffness in his neck. decreased and limited range of motion with pain on extension and rotation of the cervical spine. decreased strength in the left hand; Physical therapy, steroid injections, non steroidal anti-inflammatories

surgery has been performed and pain still exists, trying to R/O non union that has occurred; This study is being ordered for trauma or injury.; 12/22/2015; There has been treatment or conservative therapy.; upper and low back pain, leg pain c numbness and tingling; PT of thoracic and lumbar spine, inj, medication  
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.

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.

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; neck and low back pain that radiates down arms and legs.; injections and pain mgmt.

&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.; 2 years ago.; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; CT on spine reveals stenosis. PT not in the past 6 months.

&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.; 3/24/2016; There has been treatment or conservative therapy.; right scapula shoulder, arm pain with occasional hand numbness, no injury, wakes at night, feels better with arm over head, muscular tenderness, pain with reaching the low back; medications, heat, occupational therapy,

&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.; 3/28/2015; There has been treatment or conservative therapy.; mbr has pain in back with radiculopathy weakness in arms; Pt and nsaid

&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.; 4/27/2016; There has been treatment or conservative therapy.; pain in neck radiating into arm; naproxen, meloxicam, injections in the shoulder

&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.; 4/5/2016; There has been treatment or conservative therapy.; NECK PAIN WITH ARM PAIN NUMBNESS AND TINGLING LOW BACK PAIN; PHYSICAL THERAPY

&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.; UNKNOWN; There has been treatment or conservative therapy.; neck and low back pain; PT , injections , medications  
; 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.; 12/28/15; There has been treatment or conservative therapy.; Left leg weakness and numbness. no ROM in thoracic or lumbar spine. persistant weakness of the arm and supine vertigo. Pubic symphysis vertical subluxation and instability; PT/OT since 12/2015



; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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.; 10/30/2014; There has been treatment or conservative therapy.; Severe pain in cervical spine, bilateral shoulder, lumbar spine and bilateral legs; failed 6 weeks of physical therapy, non steroidal anti inflammatory medication, steroid 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.; 4/15/2016; There has been treatment or conservative therapy.; Muscle weakness. difficulty walking, numbness, paresthesia. Pain in neck and lower back; non steroidal anti-inflammatory medication, lifestyle modification, spinal 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.; December, 2015; There has been treatment or conservative therapy.; Pain in thoracic spine and cervical spine with radiculopathy; Thoracic spine exercises, , muscle relaxers Patient is allergic to 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.; pt is continuing to have pain after surgery and PT with injections; There has been treatment or conservative therapy.; pain in the neck and shoulders; Pt and 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.; Several Years, Started to get worse about 3 months ago; There has been treatment or conservative therapy.; Periscapular pain and weakness; Anti-inflammatory medication, therapy,

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

; This study is being ordered for trauma or injury.; 1/3/14; There has been treatment or conservative therapy.; Severe pain in the cervical and thoracic spine; physical therapy, non steroidal anti inflammatories

CONTINUED CARE 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.; UNKNOWN; There has not been any treatment or conservative therapy.; CONGENITAL ANOMALY AT ABOUT THE C7 LEVEL, UPPER AND LOWER EXTREMITY NUMBNESS

Debilitating pain with 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.; 2015; There has been treatment or conservative therapy.; Debilitating pain; Physical Therapy, Oral Steroids, Muscle relaxers and anti-inflammatories

decreased ROM, weakness found on Exam; This study is being ordered for trauma or injury.; 02/17/2016; There has been treatment or conservative therapy.; neck pain radiating in BIL and weakness in BIL arms. Significant LBP, Unsteady gait. numbness into buttocks and pain in BIL legs.; pain medications and NSAIDS

decreased sensation c4-5 dermatome. previous cervical fusion. pt. taking duexis since february; 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.  
dwarfism; This study is being ordered for Congenital Anomaly.; 8-29-13; There has not been any treatment or conservative therapy.;

HISTORY OF PRESENT ILLNESS:Britany returns for a new problem today. She involved in a car accident where she was rear ended with her mom around 2000-2002. She report neck pain since that time. She was seen by a chiropractor around the time of the accid; 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.; Neurological Sensory Testing:&#x0D; &#x0D; Reflexes:&#x0D; Diminished left biceps reflex compared to the right. Brachioradialis reflexes are symmetric.

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.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Patient has some narrowing of C5-C6 with calcification area anterior longitudinal ligament between C6 and C7. There is also narrowing of the lateral intervertebral joints at C5-6.

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.;

NCV Test show Mild bilateral carpal tunnel syndrome. C5-C6 and C7 radiculopathy was noted. Severe chronic changes at those levels were noted; 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 holds the hand in a bit of an odd position. He has diminished flexion at the index and fifth fingers.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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.; 01/01/2016; There has been treatment or conservative therapy.; none; P/t

Patient continues to have neck and low back pain even after conservative treatment. Need MRI scans to more fully evaluate patient.; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; neck and low back pain that radiates to upper and lower extremities. Numbness and weakness in right arm.; NSAID, muscle relaxant, pain medication, physical therapy and epidural injections.

patient has DDD based off x-ray with osteophyte present in the cervical and lumbar region.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Progressively getting worse over the years; There has been treatment or conservative therapy.; radiculopathy into the right hip and posterior thigh with decreased sensation from the thigh to the foot; radiculopathy in the right shoulder down the arm to the wrist.; Patient has been taking prescription Mobic for over six months with out adequate pain relief.

Pt is walking with a limp is having severe headaches with possible pituitary tumor. Thoracolumbar spine. Pain in the bilateral neck, lumbar and hip.; This study is being ordered for a neurological disorder.; June 2015; There has been treatment or conservative therapy.; decreased mobility, severe pain, hand clumsiness, numbness in extremities, rash, spasms, tenderness and numbness in hands; Non steroidal inflammatories, physical therapy, lifestyle modifications, home spinal exercises

Pt was c/o of left shoulder and neck pain w/ weakness. status post cervical laminectomy and arthroscopic surgery on the left shoulder. limited t/x while in AZ. involved in car accident in a recreational vehicle when hit by another vehicle and she was not ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; December 2015; There has not been any treatment or conservative therapy.; Pt has dizziness, pain, swelling and back pain 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.; Weakness in the left arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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

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 a facet joint injection.

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?

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.

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?

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.

This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.



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.

This is a request for cervical spine MRI; Neurological deficits; PATIENT HAS PAIN WITH ASYMETRIC DTR'S. HAS COMPLETED NSAID THERAPY AND HAD STEROID INJECTION WITHOUT CHANGE IN CONDITION.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

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.

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.

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.

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.; &lt;Enter Additional Clinical Information&gt;

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.

This is necessary as the atypical pattern of her curve might be indicative of a tethered cord or a syrinx.; This study is being ordered for trauma or injury.; June 2015; There has been treatment or conservative therapy.; Imaging: I reviewed the report from her lumbar scan. This demonstrates a very small disk bulge at L4-5 that does not cause neurologic compression of the central canal or foramina. No image disk was available for me to view today.&#x0D; &#x0D; Assessment: Thoracolum; physical therapy for thoracic and lumbar stretching and strengthening, core strengthening, and a home program.

Worsening cervical spine pain radiating down into the mid thoracic spine. Daily episodes of numbness and tingling in both hands and intermittent numbness in the left forearm. Constant neck pain which patient states "it feels like my neck is breaking or so; 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.

Xray shows facet hypertrophy at the C6-C7 level. Numbness in her hands. Believe the problems with her arms is some sort of cervical involvement.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness from forearms down to her hands and this goes all the way up to her elbows. She has weakness in her 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.

&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.; 3/28/2015; There has been treatment or conservative therapy.; mbr has pain in back with radiculopathy weakness in arms; Pt and nsaid

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 12/02/2015; There has been treatment or conservative therapy.; upper and lower back pain with numbness/tingling down bilateral legs; 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.; ; There has been treatment or conservative therapy.; pain in the lumbar spine and the t spine areas; medication and stretching

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Scheuermann's Kyphosis has been treated since childhood. Has progressed since December 2014.; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; 1/3/14; There has been treatment or conservative therapy.; Severe pain in the cervical and thoracic spine; physical therapy, non steroidal anti inflammatories

CONTINUED CARE 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.; UNKNOWN; There has not been any treatment or conservative therapy.; CONGENITAL ANOMALY AT ABOUT THE C7 LEVEL, UPPER AND LOWER EXTREMITY NUMBNESS dwarfism; This study is being ordered for Congenital Anomaly.; 8-29-13; There has not been any treatment or conservative therapy.;

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.;

It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; pt has a curvature of the spine and it is needing to be look at better with MRI

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.;

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 HAS CHIEF COMPLAINT OF PAIN IN HER LOW BACK. SHE HAS THORACIC AND LUMBAR SYNDROME. THERE IS QUESTIONS TO CHANGE IN POSTERIOR ELEMENTS OF T12.SHE HAS HAD INJECTIONS, NSAIDS,A BACK SUPPORT, PHYSICAL THERAPY. PAIN IS IMPROVED ONLY WITH SITTING.

Patient has a chronic, 20 year history of right and left sided thoracolumbar pain. The pain is getting worse. Thoracolumbar deformity of 6 degrees. X-ray done on 6/8/16 reveals 25 degree curvature from T9-L1 with mild rotation and displacement of midline; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Primary care doctor did MRI that showed a perinueral cyst at S2 which could not explain any of her symptoms. X-rays done today does not show an abnormality; This study is being ordered for a neurological disorder.; Around 5/13/16, normal one day and woke up unable to walk the next day. She has regained the ability to walk but not very well; It is not known if there has been any treatment or conservative therapy.; walks with a terrible gait because she cannot feel left foot. Weakness of dorsiflexion and plantarflexion. No reflex at the left ankle, hyperreflexic at knees. Went to bed fine about 4 weeks ago and woke up next day unable to walk. She has regained her ab

pt continues to have pain and is not healing in a timely manner. Fractures still visible on x ray.; This study is being ordered for trauma or injury.; 11/17/15; There has been treatment or conservative therapy.; Constant pain in his back along with episodes of severe pain; Physical Therapy; Home Traction Program; Non-steroidal anti-inflammatories; Muscle Relaxer  
see previous; This study is being ordered for a neurological disorder.; 2/2014; There has been treatment or conservative therapy.; Pt cannot walk without debilitating back pain, weakness on the right side. Thoracolumbar deformity, lateral recess and foraminal stenosis at L3-4. disc at L4-5 is showing some amount of disc desiccation and there is a tilt at the L4-5 level; Non-steroidal anti-inflammatories, steroid injections, Physical therapy

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.

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.

This is a request for a thoracic spine MRI.; There is a known condition of neurological deficits.; The study is being ordered due to pre-operative evaluation.; Thoracic stenosis; History of Present Illness The patient is a 59 y.o. male with a complex spine history. He reportedly sustained a cervical spine injury as a younger man while playing basketball. He had an ACDF at C4 5 and C5 6 in 1990 shortly after on; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

This is necessary as the atypical pattern of her curve might be indicative of a tethered cord or a syrinx.; This study is being ordered for trauma or injury.; June 2015; There has been treatment or conservative therapy.; Imaging: I reviewed the report from her lumbar scan. This demonstrates a very small disk bulge at L4-5 that does not cause neurologic compression of the central canal or foramina. No image disk was available for me to view today.; Assessment: Thoracolumbar; physical therapy for thoracic and lumbar stretching and strengthening, core strengthening, and a home program.

X-ray: Provided AP and lateral views of the thoracic spine reveals fairly well-preserved cartilage intervals, there are bridging anterior osteophytes at approximately T10-T12. No evidence of acute bony abnormality. IMPRESSION: Thoracic spine spondylo; 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.

< 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.; four out of five; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

< 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

< 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 have new or changing neurologic signs or symptoms.; There is weakness.; TENDERNESS OF SPINAL OF 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.

< 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

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; neck and low back pain that radiates down arms and legs.; injections and pain mgmt.

&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.; 2 years ago.; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; CT on spine reveals stenosis. PT not in the past 6 months.

&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.; UNKNOWN; There has been treatment or conservative therapy.; neck and low back pain; PT , injections , medications

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 12/02/2015; There has been treatment or conservative therapy.; upper and lower back pain with numbness/tingling down bilateral legs; physical therapy



.Rule out metal metal disease. Rule out radiculopathy.&#x0D; &#x0D; Plan: Chromium and cobalt levels. Mars MRI left hip. MRI lumbar spine. Recommendations to follow.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/08/03; There has been treatment or conservative therapy.; Low back pain with sciatica, sciatica laterality unspecified, unspecified back pain laterality;  
; 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

; 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.; 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; 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.; 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.; 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.

; The study 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.

; The study 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.; Hip flexors weak bilaterally. hips mild dgd, l spine multiple level dgd with osteophytes, l4 radiculopathy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.

; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Gabapentin/meloxicam/tramadol ; 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.; 1/1/11; There has been treatment or conservative therapy.; ; physical therapy and prescription medication ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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.; 10/30/2014; There has been treatment or conservative therapy.; Severe pain in cervical spine, bilateral shoulder, lumbar spine and bilateral legs; failed 6 weeks of physical therapy, non steroidal anti inflammatory medication, steroid 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.; 4/15/2016; There has been treatment or conservative therapy.; Muscle weakness. difficulty walking, numbness, paresthesia. Pain in neck and lower back; non steroidal anti-inflammatory medication, lifestyle modification, spinal 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.; continuing back pain; There has been treatment or conservative therapy.; pain that goes down the legs and the arms; medications and other testing to determine the source 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.; Scheuermann's Kyphosis has been treated since childhood. Has progressed since December 2014.; 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.; the pt had lumbar surgery some time back and is continuing to have pain and radiating pain down the legs. The provider is wanting to eval to see if further surgery is needed.; It is not known if there has been any treatment or conservative therapy.;

1st visit with this MDO. Therapy and medicine with no relief.; 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 than once for these symptoms.

48-year-old female presents to clinic today for follow-up after an epidural steroid injection at L5-S1 on 03/23/16. She states that the injection did not give her any relief. She continues to have severe low back pain that radiates into her hips and; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Examination; GENERAL: Well-nourished, well-developed, overweight female, who is friendly and cooperative with physical examination. Alert and oriented x 3. ; VITAL SIGNS: 5 feet 6 inches, 273 pounds, respirations 20.; MUSCULOSKELETAL: ; Cervical 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.

Chief complaint exertional pain about right buttock hip and thigh.has had about 1 year of pain in the above-noted area begins with walking.Assessment pain pattern is exertional and may be related to spinal stenosis.; 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

chronic back pain , and weakness in knees and jerks - 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.; Knees; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Chronic low back pain for number of years. No prior surgery. No known injury. Left lower extremity radiculopathy. Candidate for LESI. Home exercises. NSAID's without improvement.; 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.

CONTINUED CARE 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.; UNKNOWN; There has not been any treatment or conservative therapy.; CONGENITAL ANOMALY AT ABOUT THE C7 LEVEL, UPPER AND LOWER EXTREMITY NUMBNESS

crohns spondyloarthopathy with radiculopathy down right lower extremity. For surgical intervention.; FINDINGS: There is increased lumbar lordosis noted. Total hip.; arthroplasty hardware is noted in the left hip. There appears to be.; complete fusion of ; This study is being ordered for Congenital Anomaly.; crohns spondyloarthopathy with radiculopathy down right lower extremity. For surgical intervention.; FINDINGS: There is increased lumbar lordosis noted. Total hip.; arthroplasty hardware is noted in the left hip. There appears to be.; complete fusion of ; There has been treatment or conservative therapy.; crohns spondyloarthopathy with radiculopathy down right lower extremity. For surgical intervention.; FINDINGS: There is increased lumbar lordosis noted. Total hip.; arthroplasty hardware is noted in the left hip. There appears to be.; complete fusion of ; PHYSICAL THERAPY

Debilitating pain with 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.; 2015; There has been treatment or conservative therapy.; Debilitating pain; Physical Therapy, Oral Steroids, Muscle relaxers and anti-inflammatories

decreased ROM, weakness found on Exam; This study is being ordered for trauma or injury.; 02/17/2016; There has been treatment or conservative therapy.; neck pain radiating in BIL and weakness in BIL arms. Significant LBP, Unsteady gait. numbness into buttocks and pain in BIL legs.; pain medications and NSAIDS

dwarfism; This study is being ordered for Congenital Anomaly.; 8-29-13; There has not been any treatment or conservative therapy.;

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/12/2015; There has been treatment or conservative therapy.; Persistent right buttock and leg pain. Quality of life is very low due to immobility; Physical therapy, medication, spine injections and a functional capacity exam

Patient continues to have neck and low back pain even after conservative treatment. Need MRI scans to more fully evaluate patient.; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; neck and low back pain that radiates to upper and lower extremities. Numbness and weakness in right arm.; NSAID, muscle relaxant, pain medication, physical therapy and epidural injections.

Patient has a chronic, 20 year history of right and left sided thoracolumbar pain. The pain is getting worse. Thoracolumbar deformity of 6 degrees. X-ray done on 6/8/16 reveals 25 degree curvature from T9-L1 with mild rotation and displacement of midline; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

patient has DDD based off x-ray with osteophyte present in the cervical and lumbar region.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Progressively getting worse over the years; There has been treatment or conservative therapy.; radiculopathy into the right hip and posterior thigh with decreased sensation from the thigh to the foot; radiculopathy in the right shoulder down the arm to the wrist.; Patient has been taking prescription Mobic for over six months with out adequate pain relief.

Patient has very limited and very painful range of motion in the thoracic and lumbar spine. Patient is not able to stand for very long. Patient has recurrent stenosis at L4-5 with probable facet cyst. Mobile spondylolisthesis and possible pars fracture ; This study is being ordered for trauma or injury.; July 2015; There has been treatment or conservative therapy.; patient has recurrent stenosis at L4-5 with a probable facet cyst. severe pain in thoracic and lumbar spine with limited and painful range of motion; epidural injections. surgery to L4-5 and L5-S1. non steroidal anti inflammatories

Patient is a candidate for epidural steroid injections.; This study is being ordered for a neurological disorder.; Approximately 38 years ago.; There has been treatment or conservative therapy.; Tingling of both hands, of the lateral right thigh, of the right buttock, and of both feet. Burning sensation around the right scapula. Right upper back pain, lower back pain radiating to the legs, worse on the right, and chronic duration. Pain demonstrated; Physical Therapy



Patient is positive for Neuro with weakness and hand clumsiness (MS) weakness in legs and thighs. ; ; Pt had a recent fall and reported concussion; This study is being ordered for a neurological disorder.; 5/28/2015; There has been treatment or conservative therapy.; Severe pain in bilateral upper back, bilateral lumbar area, bilateral gluteal area, bilateral thighs and legs. Location of weakness/numbness is in the bilateral thigh and bilateral leg. The pain is also to the bilateral back, calf and shoulders.; Physical Therapy, Steroid Injections, non-steroidal anti-inflammatories,

Patient returned to clinic stating her pain symptoms have worsened after completing physical therapy. X-ray indicates degenerative changes throughout lumbar spine. Patient is a candidate for lumbar epidural steroid injections. Patient experiencing burning; 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.

pt continues to have pain and is not healing in a timely manner. Fractures still visible on x ray.; This study is being ordered for trauma or injury.; 11/17/15; There has been treatment or conservative therapy.; Constant pain in his back along with episodes of severe pain; Physical Therapy; ; Home Traction Program; ; Non-steroidal anti-inflammatories; ; Muscle Relaxer  
Pt had ddd.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  
pt having bilateral hip pain; lower back pain; failed six weeks of conservative treatment .; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

pt is continuing to have a great deal of pain and she is needing the testing to see what route that the provider should take.; The study 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.

pt is having pain after having a sickness and coughing a lot. She is having numbness and tingling in the feet after sitting; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Pt is needing a follow up from 2 years ago; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  
Pt is post operation lumbar spine 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.; Pt suffers with weakness in bi-lateral 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.

Signal scoliosis of right sided collapse at L4-5. diffuse degenerative changes. Disc protrusion, 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.; April of 2015; There has been treatment or conservative therapy.; pain and stiffness in his neck. decreased and limited range of motion with pain on extension and rotation of the cervical spine. decreased strength in the left hand; Physical therapy, steroid injections, non steroidal anti-inflammatories

The patient's back went out while picking up cans in April 2016. He has tried anti-inflammatory medications, change in activity, home exercise program and bracing. His lumbar x-rays show a lack of lumbar lordosis.; 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.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.

the pt is in PT as of right now and she states that it is helping the pain some, she is also doing at home Pt and still having the pain that is traveling down the leg.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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?

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.

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.; The patient was treated with an Epidural.

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?

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.

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

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.

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.

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

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

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

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

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 than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.

Unknown; 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 than once for these symptoms.

Upon examination of his left leg, he is tender over the proximal portion of the fibula. The remainder of the leg is non-tender. He has decreased sensation over the lateral aspect of the leg. Slightly decreased sensation over the medial aspect of the leg. 5; This study is being ordered for trauma or injury.; Three months ago, approx February 2016.; It is not known if there has been any treatment or conservative therapy.; Brian Taylor is a 55-year-old male who comes to clinic for his left leg pain, referred by Stephen Snyder. Upon his visit today, he reports that he was working 3 months ago on house work and when he finished, he began to experience intermittent numbness in

Worsening radiating lower back pain, chronic duration. Physical Therapy and home therapy exercises did not help.; 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.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient completed 4 weeks of Physical Therapy with no lasting benefit. Patient has been prescribed Mobic 15 mg tabs qd and Tizanidine HCl 4 mg qhs for 30 days. Patient reports no lasting benefit with therapy exercises. Patient was prescribed Mobic 15 mg a

X-ray reveals disc space narrowing with degenerative changes throughout the lumbar spine. most significant at L4-5 and L5-S1; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; It is not known if there is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.

; 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.  
ensure sacral fx healed due to 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.

He has difficulty with SLR and requires assistance. Also has difficulty with standing hip flexion/march as uses more IR rather than true hip flexion. He is still ambulating with limp but we did work on this.; 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.

Right T-type acetabular fracture status post ORIF x7 months. We are going to do a CT of his right hip to really look at the posterior column to make sure that is consolidating. Some of his pain could be that maybe his acetabulum is incompletely healed. I w; 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.

The patient is having mechanical loosening of internal right hip prosthetic joint.; It is not known if the patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; The patient has had 3 or fewer pelvis CTs.; This study is not being ordered for initial staging.; It is not known whether the patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.

Was Riding horse when fell off and injured her pelvis, She has had pain for almost a year since the accident. Resisted leg raising is positive bilateral. Abdominal pressure anterior and posterior mediolateral definitely causes some soreness pelvic type ; 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.

; This is a request for a Pelvis MRI.; The request is not for any of the listed indications. avascular necrosis bilaterally; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Debilitating pain with 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.; 2015; There has been treatment or conservative therapy.; Debilitating pain; Physical Therapy, Oral Steroids, Muscle relaxers and anti-inflammatories  
EXAM 5/11/2016: Patient comes clinic with 36 months history of sacrococcygeal pain which started spontaneously. Pain tends to be increased with sitting is not increased with coughing sneezing or bowel movements. Patient is had no treatment until present; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.



Obtain an MRI of the pelvis to further evaluate the left SI joint to see if patient is a candidate of injection.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Pain x 2 + years. Has tried and failed CSI, HEP and rest. MRI of pelvis to rule out athletic pubalgia, osteitis pubis, adductor tear peroneal. PE from 4/8/16 shows: right hip decreased strength. right hip active painful ROM. Maximum tenderness- right and; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Patient had left SI joint fusion on 4/20/16. Returned on 6/7/16 with persistent pain. Positive Patrick's sign of the left sacroiliac joint with pain on rotation of the hip.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Patient has a long time use of steroids due to Crohnes disease. We based of x-ray and physical exam we suspect AVN of bilateral hips; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Primary care doctor did MRI that showed a perinueral cyst at S2 which could not explain any of her symptoms. X-rays done today does not show an abnormality; This study is being ordered for a neurological disorder.; Around 5/13/16, normal one day and woke up unable to walk the next day. She has regained the ability to walk but not very well; It is not known if there has been any treatment or conservative therapy.; walks with a terrible gait because she cannot feel left foot. Weakness of dorsiflexion and plantarflexion. No reflex at the left ankle, hyperreflexic at knees. Went to bed fine about 4 weeks ago and woke up next day unable to walk. She has regained her ab right sided dense foot drop status post decompression on the right at L4-5. Positive Tinel's into the big toe over the peroneal nerve at the fibular head. Possible right sided peroneal entrapment.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.

This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.

This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 02/01/2016; There has been treatment or conservative therapy.; numbness , tenderness , swelling , locking; HEP

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; LIMITED RANGE OF MOTION / PAIN IN SHOULDER AND ELBOW DUE TO FALL TOO YEARS AGO/ STABBING PAIN /PAIN AT NIGHT WITH MOTION LAYING DOWN REACHING BEHIND / EXTENDING ELBOW; MEDICATION / HOME EXERCISES ; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;

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.

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.

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.

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.

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.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;  
The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

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.

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.

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.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; limited ROM, subacromial crepitation, pain with movement, xrays,; Injectiion, medications, rest and heat

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; shoulder instability, tenderness,

&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.; 3/24/2016; There has been treatment or conservative therapy.; right scapula shoulder, arm pain with occasional hand numbness, no injury, wakes at night, feels better with arm over head, muscular tenderness, pain with reaching the low back; medications, heat, occupational therapy,

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Medication

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; LIMITED RANGE OF MOTION / PAIN IN SHOULDER AND ELBOW DUE TO FALL TOO YEARS AGO/ STABBING PAIN /PAIN AT NIGHT WITH MOTION LAYING DOWN REACHING BEHIND / EXTENDING ELBOW; MEDICATION / HOME EXERCISES

; 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.

; 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?; 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.

; 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.

; 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.

; 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.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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.; 7/20/15; There has been treatment or conservative therapy.; She returns today with moderate to severe pain associated with activity, weakness and significant trouble lifting with pain and radiation up into the neck. She does not have pain all of the time like before but when she picks up objects she will have pain ; She returns today with moderate to severe pain associated with activity, weakness and significant trouble lifting with pain and radiation up into the neck. She does not have pain all of the time like before but when she picks up objects she will have 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.; Gregory returns back to clinic today follow-up evaluation of right shoulder pain. Patient states he received good relief from right shoulder cortisone injection, but now it is slowly starting to return back. Patient also now starting to have left should; There has been treatment or conservative therapy.; Date of initial onset: Gregory returns back to clinic today follow-up evaluation of right shoulder pain. Patient states he received good relief from right shoulder cortisone injection, but now it is slowly starting to return back. Patient also now startin; Gregory returns back to clinic today follow-up evaluation of right shoulder pain. Patient states he received good relief from right shoulder cortisone injection, but now it is slowly starting to return back. Patient also now starting to have 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.; unknown she has been seen by other physician and referred to our specialty; There has been treatment or conservative therapy.; patient has limited range of motion in her right shoulder and lots of shoulder pain. Her right knee is very painful and has a positive McMurray's test and is suspected to have a meniscus tear; patient has been tried with oral anti inflammatories and failed ; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Approximately 2 weeks ago.right hand struck a wall. He is noted pain and soreness in the wrist. Xrays taken at the hospital show questionable fracture of the proximal pole of the scaphoid. Repeat x-rays here do not show this fracture. IMPRESSION: Blunt ; 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.

Broken hand and wrist in January, Reinjured in March. Chronic pain and limited to no mobility. Swelling with numbness and tingling in fingertips. Swelling at the dorsal aspect of his hand with subacute fractures of his proximal third and fourth metacarpals; The pain is from a recent injury.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.

Dislocation of Rt AC Joint; 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.

dwarfism; This study is being ordered for Congenital Anomaly.; 8-29-13; There has not been any treatment or conservative therapy.;

History of having had arthroscopic Bankart SLAP repair in 2012 for recurrent dislocation. He was seen to have grade 3 changes in the humeral head as result of his recurrent dislocation at the time of operation.; 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.

HPI: Pt is a 61 years old RHD Female with LEFT shoulder pain for approximately 2 months. &#x0D; The pain began after no specific injury. No pain at night. The patient states she has numbness and tingling down into the hands.&#x0D; No previous surgeries or problems; 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. Impingement: &#x0D; Mildly painful&#x0D; Load shift:&#x0D; Negative &#x0D; Bicep Load:&#x0D; Painful &#x0D; O'Brien`s Test:&#x0D; Painful&#x0D; Cross Chest test:&#x0D; Negative &#x0D; &#x0D; &#x0D; X-ray:&#x0D; AP and outlet left shoulder: No fractures and no bone lesions. No degenerative changes. Normal align; 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.



Left shoulder pain from skiing injury three years ago. She had a dislocation. She has previously seen other doctors for this and was given pain medication and she has been taking ibuprofen as needed. She has limited range of motion and muscle spasms. Her ; 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.

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.; 01/01/2016; There has been treatment or conservative therapy.; none; P/t

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/24/2016; There has not been any treatment or conservative therapy.; osteochonromas

Patient has continued right shoulder pain and is suspected to have a rotator cuff tear that needs evaluation by MRI for surgery purposes.; 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.

Patient has had numerous left shoulder dislocations.; 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.; 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.; Not effective; Gabapentin; The patient received medication other than joint injections(s) or oral analgesics.

Patient was in treatment with knee pain and on 5/3/16 also stated 4/6 months right shoulder pain with decreased ROM due to pain. On exam he did have signs of Impingement and possible rotator cuff tear due to weakness. X-rays also show degenerative glenohu; 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.

Pt was c/o of left shoulder and neck pain w/ weakness. status post cervical laminectomy and arthroscopic surgery on the left shoulder. limited t/x while in AZ. involved in car accident in a recreational vehicle when hit by another vehicle and she was not ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; December 2015; There has not been any treatment or conservative therapy.; Pt has dizziness, pain, swelling and back pain

R/O RCT; 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.

R/O rotator cuff teaR; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

Right shoulder pain off and on for the past 30 years since she fell off a horse in 1986. Patient sees Dr. Solomon Pearce for Pain Management. Patient has taken the following medications over the last five years or within the last five years, Meloxicam 15mg 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.; 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 home treatment included exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.

Right shoulder pain and decreased ROM, painful over deltoid, suspicious of cuff tear; 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.

she is having left shoulder pain after having 3 shoulder dislocations; 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.

Status post right rotator cuff repair on 9/10/15. Right shoulder shows limited internal rotation. She is still having a fair amount of pain despite therapy and an injection.; 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. 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.

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.

The pain is from a known mass.; It is unknown if a diagnosis of Mass, Tumor, or Cancer has been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.

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.

The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.

The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.

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.

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.

the patient can not raise her left arm and is having difficulties with ADL's.; 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.

The patient underwent a right shoulder arthroscopy with subacromial decompression and distal clavicle resection on 2-15-2016. She is having global tenderness and actively there is very restricted motion. She constantly shakes while trying to move.; 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.

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.";

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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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."; 52-year-old male with right shoulder and right small finger pain. He had a fall on 6/5/16. He had immediate pain. Pain is in the small finger proximal interphalangeal joint and lateral shoulder. There is frequent popping in the shoulder. He he is worse wi

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."; Allergies:&#x0D; NKDA&#x0D; Current Meds:&#x0D; Naprosyn (naproxen) (Dosage: 500 mg Tablet SIG: Take 1 tablet Oral twice a day Oral Dispense: 60)&#x0D; Medical Conditions:&#x0D; .No Serious Illnesses Reported&#x0D; Surgical History:&#x0D; Anterior Cruciate Ligament Reconstruction L&#x0D; Femur

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; he has shoulder instability. looking for labral tear

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 of right shoulder

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."; MRI scan of his left shoulder for what is certainly a impingement problem if not a frank rotator cuff tear

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."; Painful abduction, left shoulder pain thought to be bursitis but refractory to conservative treatment. Patient has had an injection, reports if it helped it was minimal

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 had dis location of his shoulder on june 4th, moved his arm and it popped out of place , trying to rule out tear

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

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.

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 impingement syndrome

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 Examination Brief Exam; Skin: There are no abrasions, contusions, or erythema. ; Gait: ; Inspection: There is no deformity, swelling, ecchymosis or atrophy present. ; Palpation: There is no tenderness, mass, or crepitus with direct palpation

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 WITH SUSPECTED LABORAL TEAR, LITTLE LEAGUE AND OR INTERNAL IMPENCHMENT,

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 dislocations

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 tare ; pain for 3 weeks after yard work ; reduce range of motion.

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 upon exam.

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, decreased shoulder strength, tenderness upon palpitations, pos. Hawkins test, pos. cross body test, abnormal strength test, Popeye deformity noted, limited rom and with pain, x-ray performed yesterday reveal arthropopy otherwi

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 tare

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

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."; xrays The shoulder shows moderate impingement anatomy

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.;

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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;



The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; ACUTE INJURY; Patient is a 48-year-old male. ; This is a well-developed, well nourished male who is in no acute distress. Inspection of left shoulder reveals no swelling, atrophy, or skin lesions. Palpation reveals tenderness at the greater tuberosity.

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.; considering her age & extent of the injury & dislocation MRI of shoulder to rule out any rotator cuff injury

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.; None

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's history and exam are consistent with a possible rotator cuff tear; Recommend an MRI (left) shoulder to rule out internal derangement due to failure of conservative management to include medication and rehab.; Positive Hawkins & Neers on exam

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. have rotator cuff syndrome w/impingement, have had mass (incision of that 2014)

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.; Randall Springer is a 52-year-old male who comes to clinic for right shoulder pain. He was seen approximately 1 year ago for his right shoulder pain and treated with a steroid injection at that time. Upon his visit today, he reports that he has fallen ont

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 which is sharp and is a 5 out of 10 for at least a month with constant popping . it hurts to lay down. He can't sleep. lifting anything is difficult. he does have limitation of internal rotation.

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.; Sarah "Madison" Johnson is a 13-year-old female who comes to clinic for right shoulder pain. Upon her visit today, she reports that while at softball practice 2 weeks ago, she was throwing a ball from the outfield to the infield when she felt a popping se

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.; Suspected rotator cuff tear.

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.; The patient's history and exam are c/w a possible rotator cuff tear along with GH OA&#x0D; Recommend an MRI (right ) shoulder to rule out internal derangement due to failure of conservative management to include medication and rehab.&#x0D; F/u after the MRI

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

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.

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.

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.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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.; 20-year-old male with right shoulder pain. He injured the right shoulder several months ago. He reportedly had a dislocation. It was manipulated back into place. He did okay for several months. Unfortunately, he had a recurrent episode recently. He has ha

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 InMr. Nesbit comes in today to clinic for evaluation of his shoulder. The patient is complaining of pain in his right shoulder. It has been going on for a while. It is progressively getting worse. He has had left shoulder s

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; injury on 4/22/2016, increased pain, medication hydrocode, tramadol and inflamatories.

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.; mva on 5.029.16, it hasn't been enough time to complete 4 weeks of PT. rotator cuff sprain

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 doing a lot of lifting reach and patient has pain and weakness.

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.; Positive AC tenderness, Positive subacromial tenderness, Positive Biceps tenderness, Unable to do dynamic Labral shear test. Cant take Ibuprofen due to stomach GERD.

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.; recommended by x ray done at hospital to have a MRI on 03/16/16 x ray showed irregularity inferior to the glenod / pt went to ER due to three weeks of pain

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.; the patient caught someone that was falling and every since then it has gotten worse. the pain is constantly.

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.; The patient presents to clinic today for reevaluation of his right shoulder. He is a new patient to Dr. Nicholas as he has not been seen since 1997 where he had a vascular malformation of the right shoulder which required operative intervention and re

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; It is not known if the patient is experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.

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.

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.

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.; There are no documented findings of crepitus.; There are documented findings of swelling.; 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.

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.

The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is an orthopedist.

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 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 does have some stiffness, particularly with raising the arm to the outside. Limiting his motion helps his pain. Positive crepittance/clicking with ROM

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.)."; However over the last 2 months the pain is becoming more persistent and constant. She has pain with overhead activities and reaching. She notes the pain to be done on the anterior lateral aspect of the right shoulder. She denies any trauma associated w

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 is 1 month s/p closed treatment of Right shoulder dislocation and glenoid fracture. She is in a sling today. She states she still has fair amount of pain. X-ray:2 views RIGHT shoulder show fracture maintaining minimally displaced position.; Assessmen

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; She notes a catching sensation in her shoulder. It is aggravated by overhead activities and reaching frequently. Crossarm adduction painful. Speed test positive.

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 aggravated by reaching, overhead activities, and lifting above shoulder height. There was an accident involved. The patient was walking her dog when the dog suddenly jerked wrenching her left shoulder. She has had persistent problems with l

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 aggravated by reaching, overhead activities, and lifting above shoulder height. There was no accident involved. This pain does effect his sleeping. Scapular plane strength is diminished and painful.

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 burning, intermittent pain that is 7 out of 10 in severity. The pain is worse with overhead activity and at night. No numbness and tingling is noted. She is also noticed weakness.A.C. Joint provocative tests are positive. Impin

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 certain movements and overhead activity and better with rest. The area that is most painful is anteriorly over the bicipital groove and anterior supraspinatus insertion. She has had formal therapy which has helped her range of mot

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. &#x0D; The patient points to the scapula as the area that is most painful. Impingement signs are positive. &#x0D; Tenderness to palpation over anterolateral acromion

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. The patient has tried Meloxicam with no help. A.C. Joint provocative tests are positive. Impingement signs are positive.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; This began after a fall on April 9. The pain is described as achy, dull pain is constant and 8 out of 10 in severity. The pain is worse with elevating arm and better with rest. Occasional numbness and tingling is noted. She also complains of pain at ni

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.; evaluate the competency of rotator cuff for possible surgical planning

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.; Greater and lesser tuberosity fractures with probable surgical intervention to improve function.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.;

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;



The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; acute onset of pain right shoulder while lifting canoe onto car and canoe fell on his shoulder. pain when he turns his head and pain in front of shoulder with radiation down to the biceps. grade 4 subscapularis and tendon tear as well as bicep tendonopa

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 - Right shoulder pain and limited range of motion.

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 POSITIVE IMPINGEMENT SIGN AND DECREASED RANGE OF MOTIONAND FAILED CONSERVATIVE TREATMENT SINCE FEB 2016. XRAY RESULTS WERE NON-CONCLUSIVE

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; mmt, swelling of knee, tenderness, popping, instability

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 external rotation, atrophy shoulder infraspinatus,foward flexion to 90 degrees, known or suspected rotator cuff tear

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PATIENT FELL OFF THE BACK OF A TRUCK

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 A POSSIBLE RIGHT ROTATOR CUFF TEAR. PATIENT IS UNABLE TO LIFT ARM AND HAS LOTS OF PAIN

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 a suspected right shoulder supraspinatus tear. Patient needs MRI evaluation before proceeding with surgical repair.

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 a 64 year old male who fell on his left shoulder on 4/24/16. He has exacerbated pain and weakness due to his injury. He is unable to take NSAID's. MRI ordered to rule out rotator cuff tear and proceed with surgery if confirmed on MRI.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Persistent left shoulder pain with clinical evidence of rotator cuff tendinitis plus or minus internal derangement. She also has tenderness along the AC joint as well as clinical evidence of impingement.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; pre op  
The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Pt has tenderness of the shoulder, speed test and empty can sign are both positive. Numbness and tingling that radiates down to her hands, popping and clicking in her shoulder. Pt fell on May 8, 2016.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PT INJURED SHOULDER LIFTING WEIGHTS HE HAS POSITIVE IMPINGMENT, POSITIVE EMPTY CAN SIGN, POPPING, CLICKING, GRINDING, POSITIVE APPREHENSION, LIMITED RANGE OF MOTION, SUSPECTED ROTATOR CUFF TEAR

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Pt is following up for working dx of rotator cuff syndrome, had steroid injection w/o improvement. Pt is having night pain, positive Jobe, positive meer, difficulty with overhead activity.  
The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Recurrent dislocations of left shoulder

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Repeat Dislocations and Instability.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Right Shoulder Examination Brief Exam; Skin: There are no abrasions, contusions, or erythema. ; Gait: ; Inspection: There is no deformity, swelling, ecchymosis or atrophy present. ; Palpation: Moderate subacromial crepitus. Moderate subacromial tenderness.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; RIGHT SHOULDER PAIN WITH SUSPECTED LABRAL VS ROTATOR CUFF TEAR. XRAYs NON-CONCLUSIVE

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; RO Cuff Tear

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Suspected RCT

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.; HAD INJURY TO SHOULDER ON 4/10/16.

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.)."

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.); Right Shoulder Closed Reduction Surgery, possible open reduction, internal fixation right shoulder scheduled for today, May 26, 2016.

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.)."; To inspect rotator cuff tear to determine if surgical intervention is needed.

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.

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.; It is not known if the patient has had a recent bone scan.; The patient has had recent plain films of the shoulder.; The plain films were normal.; It is not known if the patient had a recent CT of the shoulder.

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.

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.

The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; It is not known if the patient has had a recent bone scan.; The patient has not had a recent ultrasound of the shoulder.; The results of the plain films is not known.; There are no documented physical or laboratory findings of a joint infection.; It shoulder pain; The patient has not had a recent CT of the shoulder.

The requested study is a Shoulder MRI.; The pain is described as chronic.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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).

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.

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?

The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The patient has had recent plain films of the shoulder.; The plain films were not normal.; Possible nondisplaced fracture versus some preexisted avascular necrosis of the left humeral head

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.

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.

This 50-year-old is seen in consultation at the request of Dr. Lea with chief complaint of right shoulder pain. He had an ATV MVA in 04/2016, and was hospitalized at Baptist Medical Center. He had shoulder pain at that time and was diagnosed with AC sprain; 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.



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.

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.

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.

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

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.

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.

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 being ordered by the operating surgeon for pre-operative planning.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

Trauma to wrists and hands from ATV accident. Patient has MC fractures.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.

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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Mobic 15ml, injection of cenalog;; The patient received medication other than joint injections(s) or oral analgesics.

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.

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.; 12/2015; There has been treatment or conservative therapy.; severe pain to bilateral shoulders limited ROM pain radiates down to arms unable to lift arms past shoulders positive impingement on both Limited ROM; 6 weeks of Physical Therapy, medication, flexeril ibuprofen, advill

Upon examination of his right wrist, he is nontender over the anatomic snuffbox, over the lunate, over the ulnar side of the wrist, TFCC, over the radial side of the wrist, and over the course of the metacarpals. No pain with thumb extension. Negative Fin; This study is being ordered for trauma or injury.; His right wrist 3 months ago. His left wrist 4 days ago.; There has been treatment or conservative therapy.; Benjamin Shields is a 22-year-old male who comes to clinic for bilateral wrist pain, referred by Gilbert Foster. Upon his visit today, he reports that he was doing football exercises 3 months ago, when he felt a popping sensation in his right wrist. Since; Rest. Ibuprofen.

&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.; unknown; There has been treatment or conservative therapy.; Pain in both hips.; PT, ibuprofen, activity moderation.  
; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

DOCTOR WANTS CT TO TREAT PT FOR PARTIAL KNEE REPLACEMENT DUE TO OSTEOARTHRITIS AND FAILED CONSERVATIVE CARE.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; HIS KNEES HAVE BEEN HURTING HIM FOR 10 YEARS BUT XRAYS SHOW HE HAS SIGNIFICANT JOINT SPACE NARROWING AND IS A GOOD CANIDATE FOR PARTIAL KNEE REPLACEMENT; There has been treatment or conservative therapy.; CREPITIS,SWELLING, ACHING, SHARP, STABBING PAIN, MEDIAL BONE ON BONE. LIMITED RANGE OF MOTION TENDERNESS OF MEDIAL PATELLAR FACET; REST, ICE, NSAIDS, PYHSICAL THERAPY, WITH NO RELIEF.

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.

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.



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 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 has a documented limitation of their range of motion.

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.

This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is 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 not for pre-operative planning.; The patient has a documented limitation of their range of motion.

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.

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 no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.

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.

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.

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.

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient 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 being ordered by the operating surgeon for pre-operative planning.

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has 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.

This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.

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.

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.

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.

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.

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.

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.

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.

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 been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.

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 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.

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.

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.

This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is 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.

This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has 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.

unknown; This study is being ordered for trauma or injury.; 06/11/2016; There has not been any treatment or conservative therapy.; tenderness; swelling; pain rom

Unknown; This study is being ordered for trauma or injury.; 11/2/2015; There has been treatment or conservative therapy.; Decreased range of motion, pain with range of motion, decreased strength, popping, tenderness laterally in groin.; Medication, injection

unknown; This study is being ordered for trauma or injury.; 4/4/2016; There has been treatment or conservative therapy.; fracture blistering, enlarged swelling; seen in ER, seen in clinic afterwards, splinted him

"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.; patient has recently developed painful masses on bilateral lower extremities with concern for malignancy; This is a request for a bilateral ankle MRI.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&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.; 3/2016; There has been treatment or conservative therapy.; bilateral knee pain. tender to palpitations; 4 weeks of physical therapy

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 02/01/2016; There has been treatment or conservative therapy.; numbness , tenderness , swelling , locking; HEP

; 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

; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; There is conservative treatment other than physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.

; 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?; It is unknown if the patient is presenting with unresolved or new 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.

; 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.

; 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.



; 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.

; 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.

; 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.

; This study is 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 she has been seen by other physician and referred to our specialty; There has been treatment or conservative therapy.; patient has limited range of motion in her right shoulder and lots of shoulder pain. Her right knee is very painful and has a positive McMurray's test and is suspected to have a meniscus tear; patient has been tried with oral anti inflammatories and failed ; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

47 year old male patient w/ knee; r/o meniscus tear.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.

Chondromalacia; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Hydrocodine; The patient received medication other than joint injections(s) or oral analgesics.

concern for ACL rupture; 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.

discussed surgical options. She would like to avoid this. She would like to try an injection of the right knee. If she fails to improve adequately, would recommend MRI to evaluate for internal derangement.; This study is 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 first seen in clinic in 2012. She has now been in treatment since 12/11/15.; There has been treatment or conservative therapy.; Pain that increases with activity and decreases with rest. Has limited knee extension and strength.; Physical therapy. Mobic. steroid injection.

Enter answer here - or Type In UHistory: Ms. Pennington is a 61-year-old female who comes in with a chief complaint of pain in her left knee. She is complaining of pain with some swelling. She has had an ultrasound, which she said it showed she had some; 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.

eval for meniscus tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.

EVALUATION FOR POSSIBLE, DYSPLASTIC TROCHLEA, ASSES HER TROCHLEAS AS WELL AS ASSESS HER TT TO TG DISTANCE FOR FURTHER TREATMENT OPTIONS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 041216; There has been treatment or conservative therapy.; BILATERAL KNEE PAIN, POPPING, SWELLING, DIFFICULTY AMBULATING, JOINT LINE TENDERNESS; REACTION KNEE BRACE, PT failed nsaid and physical therapy; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.  
fax; 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.

For complete history, please see the chart. I reviewed the questionnaire with him in detail. Below is a summary of orthopedic issues.&#x0D; &#x0D; The patient is a 26-year-old mechanic at Red River army depot who comes in for evaluation of bilateral knee pain. 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.; 10 years ago injured knees playing football; There has been treatment or conservative therapy.; popping and clicking; OTC meds

Further evaluation; This study is being ordered for trauma or injury.; Struck by a car approximately 4 years ago; There has been treatment or conservative therapy.; pain both knees, condromalacia to both knees; Tylenol w/codein, meloxicam, PT

HPI:Mrs. Sowers presents today for right knee pain with x-rays. She fell in her home on 3/22/16 and started experiencing swelling in her anterior knee in the following weeks. She has limited range of motion due to pain. She also experiences painful clicki; This is a request for a Knee MRI.; The study is not requested for knee pain.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.

Injury on April 2 Chainsaw Accident Locking Swelling Pain radiates to groin Positive McMurrays Xrays negative Conservative treatment since April 2nd, which failed.; 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.

Joint line tenderness and 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.

Left knee pain &#x0D; - 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.

Left Knee pain and patient is wearing a brace.; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

Left knee pain with positive McMurray test.; 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.

Limited range of motion, pain with standing and walking.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; February 2, 2016; There has been treatment or conservative therapy.; Pain and swelling; Physical Therapy and Medication

Lt Knee pain which is sharp with no relief with the Advil.; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

McMurray's test positive (lateral). pain at extreme limits of range, tenderness of the medial wall trochlear groove, the medial patellar facet, and the lateral joint line, catching/locking; popping/clicking; buckling,arthralgias/joint pain and difficulty ; 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.

Medial meniscus tear, pain, swelling, unable to ambulate,bend, popping sound, treated non operatively using a Lofstand crutch for 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.

Mrs. Miller presents to our clinic with severe pain in her left knee with swelling in her distal thigh. x-rays did not show any evidence of fracture.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

ongoing knee pain after knee injury worried he could have a meniscal tear. joint line tenderness positive mccmurry test and giving way. he has failed injection and home exercise program. if he has a meniscal tear we will then schedule him for a knee arthr; 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.

Patient has been having pain in the ankle for 5 years with the severity 3 out of 10. Ice makes it better.; 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 determinjed by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.

Patient has been on Meloxicam therapy for over 4 weeks and symptoms have not improved. Pain and swelling in the right ankle. Rule out fractures not seen on xray.; 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 determinjed by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.

Patient has worsening pain of her right knee without any relief from steroids. Patient cannot tolerate weight bearing of her right knee; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.

Patient here today referred by the ED with left knee injury. Patient states she was climbing into the back of her truck, and heard this "pop", and had immediate pain, and locking of her knee. She was x-rayed, put into a immobilizer, and given crutches. Sh; 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.

patient is former inmate, he has an old gunshot injury that has probably torn some of the hamstring, it has been severely tender and swollen; 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.

Patient was in an altercation and hurt her knee. she has limited ROM, positive McMurray test, pain, swelling. Worried she has a 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.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Patient with history of bone infarct left distal femur now symptomatic.; This is a request for a Knee MRI.; Suspected Aseptic Necrosis; Yes, the patient had recent plain films or bone scan of the knee.; It is not known if the plain films/scans are normal.

physical therapy would aggravate symptoms. Today I think it is essential to get an MRI to get to his diagnosis, considering the mild defect on his plain films, his recurrent effusions and his joint line tenderness and positive McMurray.; 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.; meloxicam; hydrocodone- acetaminophen; NSAIDS; arthritis medication in past; The patient received medication other than joint injections(s) or oral analgesics.

Plays tennis and when playing singles her shins tighten and she can't walk.; This study is being ordered for a neurological disorder.; PROBLEMS FOR 3 YEARS GETTING WORSE; There has been treatment or conservative therapy.; Weakness; tingling; radiation down leg; REST ICE NSAIDS PT NO HELP

Pt decreased strength, limited and painful rom, nwb- wheelchair used in office today; 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.

Pt has distinct tenderness along the medial joint line with a positive McMurrays test; 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 has had injections and PT. Pt has locking, swelling, popping, clicking, grinding and reinjured playing basketball.; 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.

pt pain is progressive in the right knee which is constant in nature it feels like it is extremely hot and feels like gasoline has been poured under the knee cap. His entire leg goes numb.; 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

R/O 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.; 06/24/2015; There has been treatment or conservative therapy.; Bilateral knee pain, gait disturbance; Injections and medication and home exercises

Right knee popped and went outward laterally almost two weeks ago. Pt still has pain and 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 arthroscopy is not scheduled in the next 4 weeks.



She has developed a tender lump on the Achilles tendon a little bit distal from where a saw cut her as a child.; 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.

SINCE THERE WAS NO TRAUMA THE PHYSICIAN WANTS TO FIND OUT WHY PT'S PAIN KEEPS INCREASING AND INTERFERING WITH HIS ADL'S. HAS TRIED SEVERAL MEASURES OF CONSERVATIVE TX WITH NO HELP.; PHYSICIAN WOULD LIKE TO R/O AN MMT OR LMT.; This study is 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 STARTED IN 2006, HURTS WHEN WALKING AND BENDING.; There has been treatment or conservative therapy.; CONSTANT PAIN SINCE 2006, HAS GOTTEN WORSE OVER TIME. CANNOT WALK OR BEND AS MUCH AS HE USED TO. HAS TO REST MORE TO ALEVE PAIN. HAS TRIED SOME OTC, INJECTIONS HAVE NOT HELPED.; HAS HAD TO CHANGE HIS WALKING AND BENDING DUE TO PAIN, HAS TAKEN ACETOMINOPHEN AND ALEVE, WITH NO REAL RESULTS.

suspected Achilles tendon tear.; 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.

THATS ALL IVE GOT HE NEEDS THE 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.; FIRST VISIT WAS ON 9/2/15 THIS MRI IS NEEDED FOR SURGICAL PLANNING FOR BILAT. UNI-MAKOPLASTY AS HE HAS MEDIAL JOINT SPACE NARROWING BILAT.; There has been treatment or conservative therapy.; PAIN,SWELLING, POPPING, CLICKING, WEAKNESS, STIFFNESS, DULL ACHING PAIN; HE HAS BEEN ON PAIN MEDICATIONM, HAD STERIOD INJECTIONS AND PHYSICAL THERAPY ALONG WITH REST, ICE, NSAIDS, HE HAS OSTEOARTHRITIS SO NOTHING IS HELPING HIM

the knee bothers him mostly at night which is worsening patient said he went to Physical therapy and it made it worse. grinding and popping. sharp pains medially and Laterally; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Naproxen and HYdrocodone; The patient received medication other than joint injections(s) or oral analgesics.

The patient comes in today for a right knee injury. She fell down a sloped surface while on vacation. She had a significant twist to the knee. She felt a pop in the knee and has had significant pain along the joint lines since her injury. She states that ; 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.

the Pt had injury early May. The Pt has failed conservative care. Pt has pain, popping, clicking&#x0D; 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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

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.

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.

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.

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.

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.

This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union facture.

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.

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.; Physical Examination: He still has subcutaneous nodule there that appears to me not warm, but tender to palpation. He has full range of motion of his left knee. He can actively dorsiflex plantar flex left great and lesser toes and ankle. Sensation is ; Suspicious Mass or Suspected Tumor/ Metastasis

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.; Pt. has soft tissue mass on x-ray possible malignancy; Suspicious Mass or Suspected Tumor/ Metastasis

This is a request for a Knee MRI.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for staging.; Known Tumor

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Limited range of motion

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Locking

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Post-operative Evaluation

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

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

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Limited range of motion

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

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.

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

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

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

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

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; Abnormal finding on plain film and Suspected bone or soft tissue neoplasm; Suspicious Mass or Suspected Tumor/ Metastasis



This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; Patient recently had an MRI of her right knee. She has a huge Baker cyst that extends into her calf beyond the field of view. Need the MRI with and without contrast of her calf to determine the extent of this cyst.; Suspicious Mass or Suspected Tumor/ Metastasis

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

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.

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

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

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; we did a mri that revealed a mass in the knee we are now needing to get a mri with and with out contrast to evaluate the mass for cancer.; Suspicious Mass or Suspected Tumor/ Metastasis

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program

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 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; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; 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

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).

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?

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).

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 staging.

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.

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.  
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.

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is not a suspected meniscus, tendon, or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.

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?

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).

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  
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

This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Locking

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

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

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

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.

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.

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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."

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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.

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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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

Twisting episode about a month ago &#x0D; PT was trying to resolve the pain himself but it never got better &#x0D; X-ray was normal &#x0D; Pt has joint line pain and swelling over the meniscus.; 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.

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.; LONG HISTORY OF KNEE PAIN; There has not been any treatment or conservative therapy.; LEG FEELS LIKE IT IS ASLEEP FROM THIGH TO FOOT, WEAKNESS AND PAIN

Upon examination of his left leg, he is tender over the proximal portion of the fibula. The remainder of the leg is non-tender. He has decreased sensation over the lateral aspect of the leg. Slightly decreased sensation over the medial aspect of the leg. 5; This study is being ordered for trauma or injury.; Three months ago, approx February 2016.; It is not known if there has been any treatment or conservative therapy.; Brian Taylor is a 55-year-old male who comes to clinic for his left leg pain, referred by Stephen Snyder. Upon his visit today, he reports that he was working 3 months ago on house work and when he finished, he began to experience intermittent numbness in walking makes it worse for months it hurts when she bends it.; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

will fax; This study is being ordered for trauma or injury.; April 7, 2016; There has been treatment or conservative therapy.; instability, tenderness to palpation on both knees, since 6 weeks ago when he fell off a ladder. pain and effusion, limps when walks, positive McMurrays. locking catching popping on both knees.; R.I.C.E.

X-rays normal; positive McMurray's both knees; tenderness of joint line bilaterally; R/O 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.; 04/19/2016; There has been treatment or conservative therapy.; continued pain; popping, giving way of the knees; pain located in lateral part of knees.; HEP w/ medication-Ibuprofen

&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.; unknown; There has been treatment or conservative therapy.; Pain in both hips.; PT, ibuprofen, activity moderation.

.Rule out metal metal disease. Rule out radiculopathy.&#xOD; &#xOD; Plan: Chromium and cobalt levels. Mars MRI left hip. MRI lumbar spine. Recommendations to follow.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/08/03; There has been treatment or conservative therapy.; Low back pain with sciatica, sciatica laterality unspecified, unspecified back pain laterality;

; This study is being ordered for a neurological disorder.; 1/1/11; There has been treatment or conservative therapy.; ; physical therapy and prescription medication ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

b hip pain and crepitus; This study is being ordered for a neurological disorder.; 13 years; There has been treatment or conservative therapy.; locking, weight bearing pain; Regular exercising, OTC medicine, prescribed medication.

Dr. Allison is looking for Avascular necrosis. The patient's x-rays show abnormalities of both femoral heads and the pelvis that he would like to further evaluate.; This study is being ordered for Vascular Disease.; Patient reports symptoms have been on going for years.; There has been treatment or conservative therapy.; Pain, popping, swelling and limping.; Heat, rest, Anti-inflammatory (Meloxicam), Pain medication and muscle relaxers.

Enter answer here - or Type In Unknown If No Info Given pain.; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ;

PREVIOUS MRI DATED 12/21/13 SHOWED CHANGES- CYST IN THE ACETABULUM  
UPDATED MRI NEEDED TO EVALUATE STATUS; This study is being ordered for Vascular Disease.; 01/01/14; There has been treatment or conservative therapy.; LEFT HIP PAIN;  
PHYSICAL THERAPY ANTIFLAMATORIES USE OF DEVICES AND STERIOD INJECTIONS

Primary OA of right hip (M16.11).&#x0D; &#x0D; Idiopathic aseptic necrosis of right femur (M87.051).; This study is 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 2015; There has not been any treatment or conservative therapy.; For complete history, please see the chart. I reviewed the questionnaire with him in detail. Below is a summary of orthopedic issues. I spent 20 minutes with him more than 50% of time counseling on his condition and recommended diagnostic test and trea

pt having bilateral hip pain; lower back pain; failed six weeks of conservative treatment .; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.

This is a requests for a hip MRI.; This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; 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.

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 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 has a documented limitation of their range of motion.



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This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient 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.

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.

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.

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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).

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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 CT Angiography of the abdomen.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.  
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.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

NO; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.

Radiology Services Denied Not Medically Necessary

Patient has pain in sternum of unknown etiology; 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.

Radiology Services Denied Not Medically Necessary

GLADYS WILLIAMS; 05/24/2016; CHIEF COMPLAINT: Neck pain.; CASE SUMMARY: This is a 21-year-old hairdresser who was involved in a motor vehicle accident a month ago. She was a seatbelted passenger and the car was struck from behind. The car was totaled.; 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.

Radiology Services Denied Not Medically Necessary

Discussed MRI findings. There is diffuse multilevel degenerative changes. Mild central canal stenosis C5-6 with foraminal narrowing. Broad-based posterior disc protrusion C4-5 with mild foraminal narrowing. Minimal posterior disc effaces the thecal sa; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.

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 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.

Radiology Services Denied Not Medically Necessary



Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known 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 in the low back and t spine area; medications and home exercises  
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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&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.; 01/10/2016; There has been treatment or conservative therapy.; experiencing neck and low back pain, trembling radiating down leg. 3 out of 5 on physical exam; patient has been taking medications and x-ray has been done

Radiology Services Denied Not Medically Necessary

&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.; YEARS AGO; There has been treatment or conservative therapy.; LOW BACK PAIN AND BYLATERAL LOWER NUMBNESS TINGLING AND WEAKNESS; PT BUT THAN PAIN CAME BACK

Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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 not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

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.

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.;

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.; decreased sensation C4-5 dermatome. previous cervical fusion; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; July 30th of 2013; There has been treatment or conservative therapy.; Pain with radiculopathy; Anti inflammatory non steroidal medication, lifestyle medication, spinal physical therapy and rest

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/20/15; There has been treatment or conservative therapy.; She returns today with moderate to severe pain associated with activity, weakness and significant trouble lifting with pain and radiation up into the neck. She does not have pain all of the time like before but when she picks up objects she will have pain ; She returns today with moderate to severe pain associated with activity, weakness and significant trouble lifting with pain and radiation up into the neck. She does not have pain all of the time like before but when she picks up objects she will have pain

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 4/28/15; There has been treatment or conservative therapy.; Spinal stenosis is severe and has worsened. she has persistant pain in the bilateral lumbar and cervical area along with radiculopathy; nonsteriodal anti-inflammatory medication,physical therapy with spinal excercises, life style modification

Radiology Services Denied Not Medically Necessary

crohns spondyloarthopathy with radiculopathy down right lower extremity. For surgical intervention.&#x0D; FINDINGS: There is increased lumbar lordosis noted. Total hip&#x0D; arthroplasty hardware is noted in the left hip. There appears to be&#x0D; complete fusion of ; This study is being ordered for Congenital Anomaly.; crohns spondyloarthopathy with radiculopathy down right lower extremity. For surgical intervention.&#x0D; FINDINGS: There is increased lumbar lordosis noted. Total hip&#x0D; arthroplasty hardware is noted in the left hip. There appears to be&#x0D; complete fusion of ; There has been treatment or conservative therapy.; crohns spondyloarthopathy with radiculopathy down right lower extremity. For surgical intervention.&#x0D; FINDINGS: There is increased lumbar lordosis noted. Total hip&#x0D; arthroplasty hardware is noted in the left hip. There appears to be&#x0D; complete fusion of ; PHYSICIAL THERAPY

Radiology Services Denied Not Medically Necessary

FOCUSED EXAM: Neck: Pain that shoots down her left side with left-sided lateral tilt. Tenderness between scapula and spine posteriorly. Midline C-spine is nontender. No stepoffs. Normal neck motion. &#x0D; &#x0D; Left shoulder: Normal motion and stability. Normal; 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.

Radiology Services Denied Not Medically Necessary

FURTHER EVALUATION FOR CONTINUED TREATMENT PLAN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/2015; There has been treatment or conservative therapy.; BACK PAIN, SPINE TENDERNESS, PAIN THAT RADIATES DOWN THE LATERAL ASPECT OF THE RIGHT THIGH TO THE LATERAL APSECT OF HIS RIGHT CALF; BOSTON OVERLAP BRACE

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.;

Radiology Services Denied Not Medically Necessary

Lillie Souder is a 48-year-old right-hand-dominant female who comes to clinic for bilateral wrist pain, referred by Dr. Winston. Upon her visit today, she reports bilateral wrist hand pain and numbness of all digits present for approximately 4 months. the; 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.

Radiology Services Denied Not Medically Necessary

Ongoing neck and back pain with numbness and tingling in bilateral upper and lower extremities even after conservative treatment.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/23/2012; There has been treatment or conservative therapy.; Significant neck and back pain with tingling and numbness in bilateral upper and lower extremities.; Epidural injections, physical therapy, chiropractic treatment.

Radiology Services Denied Not Medically Necessary

Pain in right arm, shoulder and hand; 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.

Radiology Services Denied Not Medically Necessary

Patient is a candidate for epidural steroid injections. To rule out radiculopathy.; This study is being ordered for a neurological disorder.; 03/2011; There has been treatment or conservative therapy.; Chronic neck and radiating low back pain. Numbness and tingling of both arms. Numbness of both legs and both buttocks intermittently. Burning in both buttocks and lateral thighs. "electric shock" sensations in low back that radiates down right leg.; Patient completed Physical Therapy last week and is taking Neurontin 300 mg caps qhs.

Radiology Services Denied Not Medically Necessary

Patient is a candidate for epidural steroid injections.; This study is being ordered for a neurological disorder.; Approximately 38 years ago.; There has been treatment or conservative therapy.; Tingling of both hands, of the lateral right thigh, of the right buttock, and of both feet. Burning sensation around the right scapula. Right upper back pain, lower back pain radiating to the legs, worse on the right, and chronic duration. Pain demonstrat; Physical Therapy

Radiology Services Denied Not Medically Necessary

patient was doing yoga and afterwards took a deep breathe in and when she exhaled she heard and felt a pop. Lying down makes it worse; 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.

Radiology Services Denied Not Medically Necessary

positive for nuero deficits; This study is being ordered for a neurological disorder.; January 2016; There has been treatment or conservative therapy.; severe pain in neck and lower back. It is persistant and radiating to both legs, gluteal area and arms. pain consists of burning, aching, throbbing. patient has decreased mobility, numbness, tenderness and weakness in the arms, legs and back; non steroidal anti inflammatory medication, lifestyle modifications, physical therapy for spinal excercises for over 6 weeks

Radiology Services Denied Not Medically Necessary

Pt has chronic back and neck pain, however, she has developed severe intrascapular pain that radiates down both arms causing numbness and tingling. Pt is not able to sleep at night due to trapezial and pectoralis pain. Lying or sitting makes it worse. ; This study is being ordered for a neurological disorder.; Pt has had chronic pain X 10 years, however, in May she began to have radiculopathy, numbness and tingling in both arms; There has been treatment or conservative therapy.; Neck and middle back pain, severe intrascaular pain that radiates down both arms with numbness and tingling; Physical therapy and anti-inflammatory medications

Radiology Services Denied Not Medically Necessary

Pt has left leg pain that travels through his hip and into the lateral aspect of his upper leg to the medial aspect of his calf into the top of his foot. upper extremety numbness and burning in hands; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/16; There has not been any treatment or conservative therapy.; Left leg pain that travels through his hip and into the lateral aspect of his upper leg to the medial aspect of his calf into the top of his foot. upper extremety numbness and burning in hands

Radiology Services Denied Not Medically Necessary

Reversal of cervical curve at C2-3. History of dysphasia; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.

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; 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.

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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months

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.

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; Yes, the patient is experiencing or presenting x-ray evidence of a recent fracture.

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.

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.

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.; There is narrowing of the neural foramina at C3-4 her some slight narrowing at C6-7. There is some calcification posterior to the spinous process of C7 flexion-extension laterals reveal no evidence of abnormal motion at any level.

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.; This 39-year-old male seen in consultation at the request of Dr. Kirk Watson has chief complaint of cervical and cervicothoracic pain as well as low back pain. He states he fell in the shower five days ago and had acute injury to the neck and back. He was

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.; X-rays of cervical spine show significant degenerative disc disease at C5-C6 and C6-C7.

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.; limited ROM with Extension and flexion

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 an 8 week history of axial neck apin and decreased range of motion. His imaging is consistent with degenerative changes most pronounced at C5-6 and C6-7 but given the length of time of his neck pain I believe that we need to rule out abnormality.



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.; X-RAYS: Two views of the cervical spine were appropriately ordered, done, and interpreted by Samuel Moore, D.O. in the office as follows: Multilevel degenerative changes worse at the C3-4, C4-5, and C5-6 levels. Peripheral osteophytes are noted. Exagg

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.;

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Trauma or recent injury; ; It is not known if the patient have new or changing neurological signs or symptoms.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Trauma or recent injury; Patient had fall 6 weeks ago, not improved with conservative treatment.; It is not known if the patient have new or changing neurological signs or symptoms.

Radiology Services Denied Not Medically Necessary

Xray shows facet hypertrophy at the C6-C7 level. Numbness in her hands. Believe the problems with her arms is some sort of cervical involvement.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness from forearms down to her hands and this goes all the way up to her elbows. She has weakness in her 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.

Radiology Services Denied Not Medically Necessary

&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.; YEARS AGO; There has been treatment or conservative therapy.; LOW BACK PAIN AND BYLATERAL LOWER NUMBNESS TINGLING AND WEAKNESS; PT BUT THAN PAIN CAME BACK

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 04/1/16; There has been treatment or conservative therapy.; severe lower back pain to hip and both thighs; hydrocodone &#x0D; tramadol

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; continuing back pain; There has been treatment or conservative therapy.; pain that goes down the legs and the arms; medicationsand other testing to determine the source of the pain

Radiology Services Denied Not Medically Necessary

; This study is 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, Started to get worse about 3 months ago; There has been treatment or conservative therapy.; Periscapular pain and weakness; Anti-inflammatory medication, therapy,

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

FURTHER EVALUATION FOR CONTINUED TREATMENT PLAN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/2015; There has been treatment or conservative therapy.; BACK PAIN, SPINE TENDERNESS, PAIN THAT RADIATES DOWN THE LATERAL ASPECT OF THE RIGHT THIGH TO THE LATERAL APSECT OF HIS RIGHT CALF; BOSTON OVERLAP BRACE 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.; Mr. Padgett is 44 years old and is seen in the office today with persistent discomfort in his lumbar and thoracic spine. He states that for 20 years he has had low back pain on a recurrent basis. It rarely goes into his legs, but it does go into his proxi

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Lumbar Spine Examination Brief Exam; Skin: There are no abrasions, contusions, or erythema. ; Gait: Gait and station are normal. The patient ambulates unassisted. ; Inspection: Local inspection shows no step-off or bruising. Lumbar alignment is normal. Sag; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2015; There has been treatment or conservative therapy.; PAIN IS SEVERE WITH A RATING OF 9/10. SYMPTOMS ARE CONSTANT; REST AND ANTI-INFLAMMATORY

Radiology Services Denied Not Medically Necessary

Pt has chronic back and neck pain, however, she has developed severe intrascapular pain that radiates down both arms causing numbness and tingling. Pt is not able to sleep at night due to trapezial and pectoralis pain. Lying or sitting makes it worse. ; This study is being ordered for a neurological disorder.; Pt has had chronic pain X 10 years, however, in May she began to have radiculopathy, numbness and tingling in both arms; There has been treatment or conservative therapy.; Neck and middle back pain, severe intrascaular pain that radiates down both arms with numbness and tingling; Physical therapy and anti-inflammatory medications

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.

Radiology Services Denied Not Medically Necessary

The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;

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.

Radiology Services Denied Not Medically Necessary

the provider would like to take a look at the pts hardware that is currently in the pts back to make sure that it is in place and that is not the reason for the pain; This study is being ordered for Congenital Anomaly.; no date was given; There has been treatment or conservative therapy.; sharp piercing pain; pt has had previous surgery and she has taken medications and injections

Radiology Services Denied Not Medically Necessary

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; CC: New patient left hip with xrays at CRM ER. &#x0D; &#x0D; HPI: Nick presents concerning his low back and left leg. He reports onset of symptoms on 3/24/16 upon awakening. No history of similar pain or injury to his lower back. Pain initially began in the late; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

&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.; 01/10/2016; There has been treatment or conservative therapy.; experiencing neck and low back pain, trembling radiating down leg. 3 out of 5 on physical exam; patient has been taking medications and x-ray has been done

Radiology Services Denied Not Medically Necessary

&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.; 4/5/2016; There has been treatment or conservative therapy.; NECK PAIN WITH ARM PAIN NUMBNESS AND TINGLING LOW BACK PAIN; PHYSICAL THERAPY

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 04/1/16; There has been treatment or conservative therapy.; severe lower back pain to hip and both thighs; hydrocodone &#x0D; tramadol

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.

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.

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;

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.; A 45-year-old black male works in commercial construction, states that the last three weeks has had increasing pain in the right thigh and leg. It is about his entire thigh, particularly posteriorly. He has been off work for the last three days.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.

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

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; July 30th of 2013; There has been treatment or conservative therapy.; Pain with radiculopathy; Anti inflammatory non steroidal medication, lifestyle medication, spinal physical therapy and rest

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known 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 in the low back and t spine area; medications and home excercises  
; This study is being ordered for trauma or injury.; 4/28/15; There has been treatment or conservative therapy.; Spinal stenosis is severe and has worsened. she has persistant pain in the bilateral lumbar and cervical area along with radiculopathy; nonsteriodal anti-inflammatory medication,physical therapy with spinal excercises, life style modification

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

3-31-2016 x ray done showing mild anterior displacement of the tip of the coccyx lower back pain; This study is being ordered for trauma or injury.; fall in oct 2015; There has been treatment or conservative therapy.; pelvic and lower back pain going from sitting to standing it hurts; meds

Radiology Services Denied Not Medically Necessary

FURTHER EVALUATION FOR CONTINUED TREATMENT PLAN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/2015; There has been treatment or conservative therapy.; BACK PAIN, SPINE TENDERNESS, PAIN THAT RADIATES DOWN THE LATERAL ASPECT OF THE RIGHT THIGH TO THE LATERAL ASPECT OF HIS RIGHT CALF; BOSTON OVERLAP BRACE

Radiology Services Denied Not Medically Necessary

having radiating pain from low back to r leg when standing and walking, assoc increased numbness in the R lateral leg, tenderness in the low lumbar spine, increased pain down R leg w/ back extension, decreased sensation along the R lateral Leg, xrays done; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Holly is a 17-year-old who is seen in the office today with back pain that is dated back to 2014. She recently had an increase in her back pain and was seen and x-rayed and these x-rays were normal and we have the report from Radiology, but along with tha; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Jo Ann Edwards is a 62 y.o. female patient Who returns with numerous complaints. Right total hip replacement was performed in 2010. She is concerned that she may have a metal allergy. She is wearing a significant amount of jewelry today and has no reacti; This study is 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; It is not known if there has been any treatment or conservative therapy.; Jo Ann Edwards is a 62 y.o. female patient Who returns with numerous complaints. Right total hip replacement was performed in 2010. She is concerned that she may have a metal allergy. She is wearing a significant amount of jewelry today and has no reacti

Radiology Services Denied Not Medically Necessary

low back pain that radiates into left thigh/calf; pain described as burning,pulling,sharp,shooting,throbbing,tingling,and tightness. pain scale goes as high as 10/10 at times; standing has become more difficult, dressing himself, driving, sleeping and ac; 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.

Radiology Services Denied Not Medically Necessary

Lumbar Spine ExaminationBrief Exam&#x0D; Skin: There are no abrasions, contusions, or erythema. &#x0D; Gait: Gait and station are normal. The patient ambulates unassisted. &#x0D; Inspection: Local inspection shows no step-off or bruising. Lumbar alignment is normal. Sag; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2015; There has been treatment or conservative therapy.; PAIN IS SEVERE WITH A RATING OF 9/10. SYMPTOMS ARE CONSTANT; REST AND ANTI-INFLAMMATORY



Radiology Services Denied Not Medically Necessary

lumbar spine: supine and seated straight leg raise test is positive, there is augmentation with ankle dorsiflexion, there is relief with knee flexion and thigh flexion. assessment: degenerative lumbar disc disease 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

Radiology Services Denied Not Medically Necessary

On exam the doctor found Positive straight leg raise on Right. Positive straight leg raise on Left. He is having back pain and pain and weakness down the right and left leg.; 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.; 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.

Radiology Services Denied Not Medically Necessary

Ongoing neck and back pain with numbness and tingling in bilateral upper and lower extremities even after conservative treatment.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/23/2012; There has been treatment or conservative therapy.; Significant neck and back pain with tingling and numbness in bilateral upper and lower extremities.; Epidural injections, physical therapy, chiropractic treatment. pain , meds 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

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

patient has been having problems for 2 months with know relief with Hydrocodone or Aleve.; 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

Radiology Services Denied Not Medically Necessary

Patient is a candidate for epidural steroid injections. To rule out radiculopathy.; This study is being ordered for a neurological disorder.; 03/2011; There has been treatment or conservative therapy.; Chronic neck and radiating low back pain. Numbness and tingling of both arms. Numbness of both legs and both buttocks intermittently. Burning in both buttocks and lateral thighs. "electric shock" sensations in low back that radiates down right leg.; Patient completed Physical Therapy last week and is taking Neurontin 300 mg caps qhs.

Radiology Services Denied Not Medically Necessary

Patient with history of low back pain pain paresthesias in both lower extremities.; 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

Physical therapy. Chiropractor, anti-inflammatory, medications, home exercise programs and rest; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/01/2015; There has been treatment or conservative therapy.; Physical therapy. Chiropractor, anti-inflammatory, medications, home exercise programs and rest; Physical therapy. Chiropractor, anti-inflammatory, medications, home exercise programs and rest positive for neuro deficits; This study is being ordered for a neurological disorder.; January 2016; There has been treatment or conservative therapy.; severe pain in neck and lower back. It is persistent and radiating to both legs, gluteal area and arms. pain consists of burning, aching, throbbing. patient has decreased mobility, numbness, tenderness and weakness in the arms, legs and back; non steroidal anti inflammatory medication, lifestyle modifications, physical therapy for spinal exercises for over 6 weeks

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Pt has left leg pain that travels through his hip and into the lateral aspect of his upper leg to the medial aspect of his calf into the top of his foot. upper extremity numbness and burning in hands; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/16; There has not been any treatment or conservative therapy.; Left leg pain that travels through his hip and into the lateral aspect of his upper leg to the medial aspect of his calf into the top of his foot. upper extremity numbness and burning in hands

Radiology Services Denied Not Medically Necessary

Right hip pain. Right-sided sciatica. At this point we'll proceed with lumbar spine MRI. She is exhausted all other courses of treatment. If she has a positive image we'll likely proceed with ESI's.; The study 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 hip pain. Right-sided sciatica. At this point we'll proceed with lumbar spine MRI. She is exhausted all other courses of treatment. If she has a positive image we'll likely proceed with ESI'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.

Radiology Services Denied Not Medically Necessary

Right lower extremity radiculopathy 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

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

Radiology Services Denied Not Medically Necessary

To determine of her hip is what is hurting her because she is running out of treatment modalities; 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

Radiology Services Denied Not Medically Necessary

X-rays show a bi-level spondylolisthesis Grade I at L4-5 and 5-1. &#x0D; TREATMENT PLAN: I told her that this anatomic variation at two levels was without precedence in my experience. I have arranged for her to have an MRI in preparation for referral for P; The study 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.; BARBARA FOSTER&#x0D; 05/05/2016&#x0D; CHIEF COMPLAINT: Back pain.&#x0D; CASE SUMMARY: This is a 46-year-old Sonic restaurant manager who has a lifelong history, at least from young adulthood, of chronic low back pain. She has a feeling of instability in her lower bac; 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.

Radiology Services Denied Not Medically Necessary

bilat foot pain and swelling w no clinical findings for the swelling. eval pelvic region for mass causing swelling and pain in feet; 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.

Radiology Services Denied Not Medically Necessary

3-31-2016 x ray done showing mild interior displacement of the tip of the coccyx lower back pain; This study is being ordered for trauma or injury.; fall in oct 2015; There has been treatment or conservative therapy.; pelvic and lower back pain going from sitting to standing it hurts; meds

Radiology Services Denied Not Medically Necessary

Physician is concerned for possible glute tear. Patient has failed NSAIDs, rest and CSI. Left hip strength is decreased. Left hip maximum tenderness- groin, external rotators. Left hip painful ROM.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

pt is having severe pain in the hip that is raditating into the buttock.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; shoulder instability, tenderness, ; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

CT assess stenoclavicular & acromioclavicular joint; MRI shoulder assess rotator cuff muscles; This study is being ordered for trauma or injury.; October 2015; There has been treatment or conservative therapy.; left shoulder pain with popping & also difficulty swallowing food. Pain over left distal clavicular joint & AC joint. significant night pain. occasional tingling & numbness of arm; unknown only states conservative

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.

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 an orthopedist or rheumatologist.

Radiology Services Denied Not Medically Necessary

CT assess stenoclavicular & acromioclavicular joint; MRI shoulder assess rotator cuff muscles; This study is being ordered for trauma or injury.; October 2015; There has been treatment or conservative therapy.; left shoulder pain with popping & also difficulty swallowing food. Pain over left distal clavicular joint & AC joint. significant night pain. occasional tingling & numbness of arm; unknown only states conservative

Radiology Services Denied Not Medically Necessary

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.

This is a request for an upper extremity joint MRI.; 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.; 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.; 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 does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has not 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 a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; 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.; The patient has not been treated with

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.; 12/2015; There has been treatment or conservative therapy.; severe pain to bilateral shoulders limited ROM pain radiates down to arms unable to lift arms past shoulders positive impingement on both Limited ROM; 6 weeks of Physical Therapy, medication, flexeril ibuprofen, advill

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Physical therapy. Chiropractor, anti-inflammatory, medications, home exercise programs and rest; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/01/2015; There has been treatment or conservative therapy.; Physical therapy. Chiropractor, anti-inflammatory, medications, home exercise programs and rest; Physical therapy. Chiropractor, anti-inflammatory, medications, home exercise programs and rest

Radiology Services Denied Not Medically Necessary

This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.

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.

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.

Radiology Services Denied Not Medically Necessary

CC:C/U right ankle pain. She had injection 7-7-15 helped. She wants another injection today. km&#x0D; &#x0D; HISTORY OF PRESENT ILLNESS:Patient is here today concerning her right ankle. She had pain relief following the injection last year. In the past several mont; 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.

Radiology Services Denied Not Medically Necessary

Limited range of motion, pain with standing and walking.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; February 2, 2016; There has been treatment or conservative therapy.; Pain and swelling; Physical Therapy and Medication

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for trauma or injury.; 02/01/2016; There has been treatment or conservative therapy.; pain, decrease rom, unable to put pressure on it; nsaids, at home rest

Radiology Services Denied Not Medically Necessary

pain for several years , getting worse . c/o stinging and burn and has had ligament injury about 10 years 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.

Radiology Services Denied Not Medically Necessary

Pain of left knee medially with notable night pain, limping and pain with pivot.; 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.

Radiology Services Denied Not Medically Necessary

Patient had an MRI without contrast and a partial tear was interpreted. It appears to be solid tissue in it. Need an MRI with contrast to better interpret the mass before excising it; 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.

Radiology Services Denied Not Medically Necessary

Patient has right sided dense foot drop status post decompression on the right at L4-5. Pt still has some nerve pain. Possible right sided peroneal entrapment; This study is being ordered for a neurological disorder.; 4/20/2016; There has been treatment or conservative therapy.; Dense right sided foot drop unchanged from before surgery. Positive Tinel's into the big toe over the peroneal nerve at the fibular head; physical therapy, non-steroidal anti-inflammatories



Radiology Services Denied Not Medically Necessary

Patient with popping in the left knee associated and followed with effusions.; 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.

Radiology Services Denied Not Medically Necessary

Posterior and medial 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.; 1/10/2015; There has been treatment or conservative therapy.; Swelling, popping, clicking, stiffness, and pain.; Anti-inflammatories, Physical Therapy, and activity restrictions.

Radiology Services Denied Not Medically Necessary

PREVIOUS MRI DATED 12/21/13 SHOWED CHANGES- CYST IN THE ACETABULUM  
UPDATED MRI NEEDED TO EVALUATE STATUS; This study is being ordered for Vascular Disease.; 01/01/14; There has been treatment or conservative therapy.; LEFT HIP PAIN; PHYSICAL THERAPY ANTIFLAMATORIES USE OF DEVICES AND STERIOD INJECTIONS

Radiology Services Denied Not Medically Necessary

pt has had knee pain for over a year. has taken OTC nsaid , activity modification and home base PT w knee pain getting worse. pt also has instability and a mass on lateral aspect of knee that comes and goes.; 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 has had activity modification and home base PT for several weeks; The patient received oral analgesics.

Radiology Services Denied Not Medically Necessary

R/O patella femoral chondromalacia; This study is being ordered for trauma or injury.; 2012; It is not known if there has been any treatment or conservative therapy.; pain, locking/catching, and crepitus with ROM.

Radiology Services Denied Not Medically Necessary

rule out ankle stress fracture.; This study is being ordered for trauma or injury.; 5 months ago with re-injury 1 week ago; There has been treatment or conservative therapy.; instability and pain and swelling.; walking boot and ibuprofen sprain of the ankle; 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.

Radiology Services Denied Not Medically Necessary

This is a 61 year old Female who comes in for a chief complaint of follow up knee pain, involving the left knee. This occurred in the context of slipping and falling. She has been treated with rest, ice, and elevation and NSAIDs, naproxen. S; 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.

Radiology Services Denied Not Medically Necessary

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.; pt c/o bil knee pain for 8 months and pain is increasing. Pain is under both patellas. Pt c/o hx of pancreatic cancer and has been on many medicines for treatment for that. The medicine has rotten 4 teeth and she thinks some bone issues may have also o; Suspicious Mass or Suspected Tumor/ Metastasis

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

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 an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is 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

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?

Radiology Services Denied Not Medically Necessary

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

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.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 03/01/2016; There has been treatment or conservative therapy.; knee pain bilateral, instability, swelling; NSAIDs

Radiology Services Denied Not Medically Necessary

will be faxed tomorrow.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; no recent known date. Patient states she has had chronic pain for over 15 years. She has tried antiinflammatories, physical therapy and change in activity level. Nothing has solved this pain. Patient states that when she was younger she was involved in spo; There has been treatment or conservative therapy.; Bilateral knee pain that is constant in nature.; patient has tried physical therapy, NSAIDS, and change in activity level. These have failed to resolve her pain.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 1/1/11; There has been treatment or conservative therapy.; ; physical therapy and prescription medication

Radiology Services Denied Not Medically Necessary

Bilateral THA 2003, 2004 &#x0D; &#x0D; &#x0D; &#x0D; History of Present Illness: Betsy A Lewis is a 56 y.o. female who presents as a new patient to UAMS but an established one of Dr. Barnes for re-evaluation of bilateral hips and right knee pain. Dr. Barnes performed a righ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/11/16; There has been treatment or conservative therapy.; Bilateral THA 2003, 2004 &#x0D; &#x0D; &#x0D; &#x0D; History of Present Illness: Betsy A Lewis is a 56 y.o. female who presents as a new patient to UAMS but an established one of Dr. Barnes for re-evaluation of bilateral hips and right knee pain. Dr. Barnes performed a righ; Bilateral THA 2003, 2004 &#x0D; &#x0D; &#x0D; &#x0D; History of Present Illness: Betsy A Lewis is a 56 y.o. female who presents as a new patient to UAMS but an established one of Dr. Barnes for re-evaluation of bilateral hips and right knee pain. Dr. Barnes performed a righ  
Hip cartilage space narrowing bilaterally as well as osteophyte formation; This study is being ordered for Inflammatory/ Infectious Disease.; 04/01/2014; There has been treatment or conservative therapy.; Bilateral hip pain with limited ROM actively and passively.; Anti-inflammatories

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Jo Ann Edwards is a 62 y.o. female patient Who returns with numerous complaints. Right total hip replacement was performed in 2010. She is concerned that she may have a metal allergy. She is wearing a significant amount of jewelry today and has no reacti; This study is 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; It is not known if there has been any treatment or conservative therapy.; Jo Ann Edwards is a 62 y.o. female patient Who returns with numerous complaints. Right total hip replacement was performed in 2010. She is concerned that she may have a metal allergy. She is wearing a significant amount of jewelry today and has no reacti

Radiology Services Denied Not Medically Necessary

pain which is worsening and lying down. putting pressure on the left side makes it better. the pain is a 7 out of 10. Patient has tried Hydrocodone; 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.

Radiology Services Denied Not Medically Necessary

Primary OA of right hip (M16.11).&#x0D; &#x0D; Idiopathic aseptic necrosis of right femur (M87.051).; This study is 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 2015; There has not been any treatment or conservative therapy.; For complete history, please see the chart. I reviewed the questionnaire with him in detail. Below is a summary of orthopedic issues. I spent 20 minutes with him more than 50% of time counseling on his condition and recommended diagnostic test and trea

Radiology Services Denied Not Medically Necessary

Severe pain and marked restriction on ROM.; This study is being ordered for Vascular Disease.; 01/2012; There has been treatment or conservative therapy.; Pain with any type of motion ,&#x0D; &#x0D; upon physical exam marked restriction of ROM; Pain has been treat with NSAID for the last several years with minimal relief

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 has a documented limitation of their range of motion.

Radiology Services Denied Not Medically Necessary

This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; 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.; It is not known if the ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury; 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.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

This patient has neuro Fibromatosis. She has suffered over a year with chronic pain in face and head. Recent CT shows foraminal tumors in face. The ENT and specialist we are referring to has requested brain and sinus MRI before the patient can be evaluate; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 patient has neuro Fibromatosis. She has suffered over a year with chronic pain in face and head. Recent CT shows foraminal tumors in face. The ENT and specialist we are referring to has requested brain and sinus MRI before the patient can be evaluate; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; The patient is experiencing joint locking or instability.

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 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.

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.

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month

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.

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



Radiology Services Denied Not Medically Necessary

LOSS OF HEARING, DIZZINESS AND FALLING. LOSS OF VISION SYNCOPE.; 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.

Radiology Services Denied Not Medically Necessary

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Congestion in lungs chest wall pain smoker; "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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; MDO wishes to bypass clinicals; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

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 is a request for a temporomandibular joint MRI.

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.  
This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.  
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.

"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.

"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"

"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"

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 CT Angiography of the brain.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; 2011; There has been treatment or conservative therapy.; Genetic heart and vascular problems; medication

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; 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.

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.

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).

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; 2011; There has been treatment or conservative therapy.; Genetic heart and vascular problems; medication

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt; 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.

; The study 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.

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.

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?

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

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  
This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

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.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion

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.

X ray showed soft tissue infection...no improving; This is a request for a foot MRI.; Surgery or other intervention is not 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.

; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis  
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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Congenital Anomaly.; 2011; There has been treatment or conservative therapy.; Genetic heart and vascular problems; medication  
Yes, this is a request for CT Angiography of the abdomen.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases  
This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

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."; Incision infection of abdomen

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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."; The study is requested for headache.

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.

Radiology Services Denied Not Medically Necessary

pt. has jaw pain while at rest , and open and chewing on both sides; "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.

Radiology Services Denied Not Medically Necessary

Symptoms of headache jaw pain while opening chewing and at risk jaw popping clicking with both sides jaw locks pain and pressure behind eye and ears; "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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).

Radiology Services Denied Not Medically Necessary

patient is having constant 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.; ongoing issue; There has been treatment or conservative therapy.; neck pain and low back pain; patient had neck surgery in the past, and is on muscle relaxers without relief

Radiology Services Denied Not Medically Necessary

On xray of T Spine pt has significant curvature of the upper T 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.; September 2015; There has been treatment or conservative therapy.; Upper back pain, Lt shoulder blade pain , It shoulder pain.; Aleve, heating pad, 800mg ibuprofen, FLexeril.

Radiology Services Denied Not Medically Necessary

On xray of T Spine pt has significant curvature of the upper T 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.; September 2015; There has been treatment or conservative therapy.; Upper back pain, Lt shoulder blade pain , It shoulder pain.; Aleve, heating pad, 800mg ibuprofen, FLexeril.

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.



Radiology Services Denied Not Medically Necessary

; 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 not directed a home exercise program for at least 6 weeks.; LFlexeril 10 mg tablet 1 tablet(s) by mouth three times a day as needed (PRN)&#x0D; 05/20/2016 Norco 10 mg-325 mg tablet 1 tablet(s) by mouth every 4-6 hours around the clock as needed (PRN)&#x0D; 05/20/2016 Medrol (Pak) 4 mg tablets in a dose pack 1 tablet(s) by m

Radiology Services Denied Not Medically Necessary

abnormal in office x-ray showing DJD L4-S1, spondyloistesis L4-5; The study 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 dull aching pain in lower back with radiation and weakness into right knee; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

patient is having constant 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.; ongoing issue; There has been treatment or conservative therapy.; neck pain and low back pain; patient had neck surgery in the past, and is on muscle relaxers without relief

Radiology Services Denied Not Medically Necessary

to evaluate r/o umbilicus hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

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.

Will send in the clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Will send in the clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Will send in the clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Will send in the clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

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.

Will send in the clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

&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.; 7/15/2014; There has been treatment or conservative therapy.; headache, dizziness, loss of smell, pressure to the face.; medication

left CSF leak s/p Bifrontal craniotomy and microscopic excision of skull base tumor meningioma and Skull base repair -- now headaches; presenting with headaches s/p left CSF leak s/p Bifrontal craniotomy and microscopic excision of skull base tumor meni; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 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.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

will fax; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";  
"There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct";  
"There is not a history of serious head or skull, trauma or injury.ostct"; "There is not  
suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent  
postoperative evaluation.; "There is suspicion of acoustic neuroma, pituitary or other  
tumor. ostct"

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";  
"There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct";  
"There is not a history of serious head or skull, trauma or injury.ostct"; "There is  
suspicion of neoplasm, or metastasis.ostct"

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";  
"There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"

This is a request for an Internal Auditory Canal CT.; There is not a suspected  
cholesteatoma of the ear.; The patient has not had a recent abnormal auditory  
brainstem response.; The patient has not had a recent abnormal brain CT or MRI.;  
There are not neurological symptoms of one-sided hearing loss or sudden onset of  
ringing in 1 or both ears.; There is 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.

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial  
bone or skull, trauma or injury.fct"

"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"

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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)

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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)

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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)

&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.; 7/15/2014; There has been treatment or conservative therapy.; headache, dizziness, loss of smell, pressure to the face.; medication

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

; 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

; 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)

; 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

; 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)

; 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.

; This study is 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 sinusitis, dizziness, congestion, profuse drainage & headaches. has been on medication multiple times for these problems and perforated eardrum and nosebleeds. exam shows sharp spur formation on right nostril with boggy red turbinates. thick tongue; There has been treatment or conservative therapy.; chronic sinusitis, congestion, profuse drainage & headaches. has been on medication multiple times for these problems and perforated eardrum and nosebleeds. exam shows sharp spur formation on right nostril with boggy red turbinates. thick tongue associate; Antibiotics several times, Flonase nasal spray, pft's. proper lateral aim and cleaning of nostril as to not reinfect. pt has had allergy testing and is doing a trial of injections

; This study is being ordered for trauma or injury.; 6/26/2016; There has not been any treatment or conservative therapy.; Oropharyngeal bleed

; 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.

47 year old male presents chronic sinusitis 3-5 in the last 6 months, treatment with Amoxicillin, Bactrim, Z-Pak, Cephalexin, Levaquin with the last one within the last 2 weeks. He states treatment with nasal sprays of Flonase no notice of improvement. He; 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

currently NO meds; 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)

Enter answer here - or Type In She comes to the clinic with a several year history of sinus problems. She has severe congestion, nasal pain, pressure, and drainage. She had sinus surgery in the past. She cannot smell. She feels like her symptoms are const; 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

frontal pressure that goes into the cheek/ decreased hearing /; 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)

has been treated with no improvement; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

headache facial pain; 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)

left CSF leak s/p Bifrontal craniotomy and microscopic excision of skull base tumor meningioma and Skull base repair -- now headaches; presenting with headaches s/p left CSF leak s/p Bifrontal craniotomy and microscopic excision of skull base tumor meni; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Nasal polyps and nasal obstruction; 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.



Patient came in originally for snoring, but sleep apnea has been ruled out after testing and patient does have acute recurring 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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)

Patient had a cold about a year ago and has had a loss of smell and taste ever since.; 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)

Patient has acute rhinosinusitis and a nasal polyp; 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

Pt has had chronic discolored nasal congestion for several years. She has tried nasal decongestants/oral steroids/oral antibiotics with no improvement.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

Pt has had multiple apts for this ear and sinus problems with multiple rounds of antibiotics and is still in pain and suffering from ear and sinus problems; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; Acute diffuse of otitis externa of left ear.&#x0D; Bad sinus pressure and sinus problems&#x0D; Congested&#x0D; Draining from nose&#x0D; Headache and pressure&#x0D; Otomycosis of left ear; I would rec trying the floxin now that the ear is cleaned. If it starts itching told her to tell Dr. Jacobs to try lotrimin. Recheck in one week. ? ME involvement--if canal clears and she is still symptomatic then we prob need to have her come to JB for a request is for pre opt planning; 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)

She describes the symptoms as difficulty hearing, difficulty swallowing medicine and foods, decreased smelling, lump in throat sensation, clears throat often, intermittent hoarseness.; 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.

She has chronic postnasal drainage, chronic halitosis after brushing teeth, snores, voice changes, chronic headaches bilateral frontal and temporal; 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

She says she has had 5 to 6 sinus infections in the last year and her last one was last week. She says for the past 10 years she has had constant sinus infections.; This study is 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.; She complains of PPP, PND, nasal congestion and headaches. She also complains of pain that radiates down her neck.; She has been treated with Z pak, doxycycline and mdp.

Sinus infection since January no improvement; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment Solid mass and chronic middle ear fluid; 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.

The pts PCP nurse that tried to get the precert in Feb. never followed up on the precert or sched it and even with the pt taking antibiotics she has not gotten any better and has actually gotten worse. She needs the Sinus CT w/Stealth protocol in case the; 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)

This patient is diagnosed with facial pain, nasal obstruction and otitis media. They have a history of sinusitis.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.

This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.  
This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.

This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.

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)

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)

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

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)

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)

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)

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

&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.; 04/26/16; There has not been any treatment or conservative therapy.; Swelling in jaw, pain in mouth and jaw, palpitation of the carotid gland and mandible show a mass that extends into the tmj

&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.; April 7 2016; There has not been any treatment or conservative therapy.; left ear tinnitus , left ear otalgia, chronic otitis, r/o tumor

; 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.

; This study is being ordered for trauma or injury.; 6/26/2016; There has not been any treatment or conservative therapy.; Oropharyngeal bleed

Evaluate throat. He says he went to have gall bladder surgery and he was not able to be intubated in the OR so he was referred here for further evaluation. He says he does not have any problems with swallowing and he has never had any difficulties with in; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/5/2016; There has not been any treatment or conservative therapy.; Evaluate throat. He says he went to have gall bladder surgery and he was not able to be intubated in the OR so he was referred here for further evaluation. He says he does not have any problems with swallowing and he has never had any difficulties with in

He says he has had a cough for the last 3 to 4 months and it has gotten worse. He does have hoarseness, reflux and heartburn. He takes for Protonix 20 mg for reflux on a daily basis for the past 2 weeks. He denies trouble with swallowing liquids, pills and; 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.

Patient has difficulty swallowing, swelling and tenderness for 6 weeks, enlarged lymph node for about a year.; 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.

She said it seems to be getting worse. It gets worse as the day goes on. She usually loses her voice around 11am. she was choking on swallowing, but this has improved. She had a cold when this started.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She said it seems to be getting worse. It gets worse as the day goes on. She usually loses her voice around 11am. she was choking on swallowing, but this has improved. She had a cold when this started. Hoarseness for 6 weeks. There is a left true vocal fo; There has not been any treatment or conservative therapy.; Hoarsness for 6 weeks. There is a left true vocal fold paresis. There is a moderate glottic gap with phonation.given this acute onset paresis, I would CT her neck and chest with contrast to rule out tumor

The Pt has persistent hoarseness, carcinoma larynx. Neck pain, Laryngeal cancer. evaluazte cartilage involvement.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 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.

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.

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is being ordered by an ENT specialist.

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.

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is being ordered by an ENT specialist.

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.

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.

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.

This is a request for neck soft tissue CT.; This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.



This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

&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.; 02/16; There has not been any treatment or conservative therapy.; tenitous

Yes, this is a request for CT Angiography of the brain.

"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

"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

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "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

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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 06/16/2016; There has not been any treatment or conservative therapy.; Dizzy and memory loss

There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.

This is a request for a head and neck MR Angiogram.; There is an immediate family history of aneurysm.

This is a request for a head and neck MR Angiogram.; There is an immediate family history of aneurysm.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 06/16/2016; There has not been any treatment or conservative therapy.; Dizzy and memory loss

&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.; 02/16; There has not been any treatment or conservative therapy.; tenitous

&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.; April 7 2016; There has not been any treatment or conservative therapy.; left ear tinnitus , left ear otalgia, chronic otitis, 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.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous 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).

; This request is for a Brain MRI; The study is 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.

; This request is for a Brain MRI; The study is 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.

; 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.

50 year old male with history of vertigo, diagnosed in 11/15, scheduled for MRI but cancelled due to claustrophobia. He reports that the maxzide caused him to have too much nausea and his PCP (Dr. Coward) discontinued it. He is taking HCTZ and Lisinopril. ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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

acoustic neuroma left-please evaluate for interval changes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; 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 UnkAngela L. Rudd is a 43 year old African American/Black female that presents at this time for eval dizziness. Pt is a transportation driver. Pt on meclizine with no improvement. Pt states it last a minute or so. Pt states ; This 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).

Enter answer here - or Type In Unknown If No Info Given; . patient had hearing test that showed asymmetrical hearing loss left ear patient needs brain mri to r/o acoustic neuroma; 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.

Enter answer here - or Type In Unknown If No Info Given; . patient had hearing test that showed asymmetrical hearing loss left ear pt needs brain mri to eval r/o acoustic neuroma; 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.

Enter answer here - or Type In Unknown; IMPRESSION: ; Bilateral Sensorineural Hearing Loss (H90.3) (389.18); Sudden idiopathic hearing loss, right ear (H91.21) (388.2) ; C/o Ringing in AU, on going for 3.5 months AD worse than AS. In 01/16 PT was treated f; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; Is not known if the patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; It is not known if the doctor notes on exam that the patient has delirium or acute altered mental status.; It is not known if the patient does have a Brain CT showing abscess, brain infection, meningitis or encephalitis.

Evaluate tinnitus. He is here today saying for the past 25 + years he has had ringing in his ears and says for the past 2 months it has become worse. He says he has worked around loud machinery all of his life. He also says he has noticed the ringing is w; This request is for a Brain MRI; The study is 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.

exam vestibular neuritis , hearing loss, dizziness; 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.

Had a modified barium swallow with mild oral face dysphasia, and had x ray silent aspiration on swallowing thick barium. Additional dx code K21.9.; 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.

hearing 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 is experiencing dizziness.

Patient has cerebrospinal fluid leak.; 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.

Sensorineural Hearing Loss; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; 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).

SINUS CT DID NOT SHOW REASONING FOR THE PRESSURE BEHIND THE LEFT EYE; This request is for a Brain MRI; The study is 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. This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.

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.



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.

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.

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 patient did not have a normal audiogram.; The patient is experiencing hearing loss.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.

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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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

This request is for a Brain MRI; The study is NOT 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.

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.

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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are not physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has not been a previous Brain MRI completed.

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.

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.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; It is not known if there are physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has not been a previous Brain MRI completed.

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.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has hearing loss.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.

"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.

; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.";  
A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious 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.; chronic sinusitis, dizziness, congestion, profuse drainage & headaches. has been on medication multiple times for these problems and perforated eardrum and nosebleeds. exam shows sharp spur formation on right nostril with boggy red turbinates. thick tongue; There has been treatment or conservative therapy.; chronic sinusitis, congestion, profuse drainage & headaches. has been on medication multiple times for these problems and perforated eardrum and nosebleeds. exam shows sharp spur formation on right nostril with boggy red turbinates. thick tongue associate; Antibiotics several times, Flonase nasal spray, pft's. proper lateral aim and cleaning of nostril as to not reinfect. pt has had allergy testing and is doing a trial of injections

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.  
A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

Evaluate throat. He says he went to have gall bladder surgery and he was not able to be intubated in the OR so he was referred here for further evaluation. He says he does not have any problems with swallowing and he has never had any difficulties with in;  
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/5/2016; There has not been any treatment or conservative therapy.; Evaluate throat. He says he went to have gall bladder surgery and he was not able to be intubated in the OR so he was referred here for further evaluation. He says he does not have any problems with swallowing and he has never had any difficulties with in

She said it seems to be getting worse. It gets worse as the day goes on. She usually loses her voice around 11am. she was choking on swallowing, but this has improved. She had a cold when this started.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She said it seems to be getting worse. It gets worse as the day goes on. She usually loses her voice around 11am. she was choking on swallowing, but this has improved. She had a cold when this started. Hoarseness for 6 weeks. There is a left true vocal fo; There has not been any treatment or conservative therapy.; Hoarsness for 6 weeks. There is a left true vocal fold paresis. There is a moderate glottic gap with phonation.given this acute onset paresis, I would CT her neck and chest with contrast to rule out tumor

The Pt has persistent hoarseness, carcinoma larynx. Neck pain, Laryngeal cancer. evaluazte cartilage involvement.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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 an abdominal ultrasound, CT or MR study.;

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.

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.

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.

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 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.

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.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; This is NOT being ordered to distinguish tumor(s) from treatment related tissue necrosis.; The patient has Brain cancer.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.

This is 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.

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.

Radiology Services Denied Not Medically Necessary

This is a request for a temporomandibular joint MRI.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered

Radiology Services Denied Not Medically Necessary

&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.; 04/26/16; There has not been any treatment or conservative therapy.; Swelling in jaw, pain in mouth and jaw, palpitation of the carotid gland and mandible show a mass that extends into the tmj

Radiology Services Denied Not Medically Necessary



Radiology Services Denied Not Medically Necessary

Pt has had multiple apts for this ear and sinus problems with multiple rounds of antibiotics and is still in pain and suffering from ear and sinus problems; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; Acute diffuse of otitis externa of left ear.&#x0D; Bad sinus pressure and sinus problems&#x0D; Congested&#x0D; Draining from nose&#x0D; Headache and pressure&#x0D; Otomycosis of left ear; I would rec trying the floxin now that the ear is cleaned. If it starts itching told her to tell Dr. Jacobs to try lotrimin. Recheck in one week. ? ME involvement--if canal clears and she is still symptomatic then we prob need to have her come to JB for a

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

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)

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.

Radiology Services Denied Not Medically Necessary

coughing up blood; 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.

Radiology Services Denied Not Medically Necessary

None given; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

Radiology Services Denied Not Medically Necessary

Patient is currently receiving allergy shots. Patient has complaint of headaches, facial pain, and lots of pressure behind left eye.; 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)

Radiology Services Denied Not Medically Necessary

possible surgery; 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)

Radiology Services Denied Not Medically Necessary

Pt has had facial swelling, ear pressure, eye discharge and facial pressure for the past 12 weeks. Dr wants to r/o sinusitis; 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.

Radiology Services Denied Not Medically Necessary

Sinus drainage for "several years", sinus pain, deviated nasal septum, chronic rhinitis, chronic laryngitis; 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)

Radiology Services Denied Not Medically Necessary

This study is being ordered for osteomyelitis.; This is a request for a Sinus CT.

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 Chronic Rhinosinusitis (episode is greater than 12 weeks)

Radiology Services Denied Not Medically Necessary

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

Radiology Services Denied Not Medically Necessary

She says she has had 5 to 6 sinus infections in the last year and her last one was last week. She says for the past 10 years she has had constant sinus infections.; This study is 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.; She complains of PPP, PND, nasal congestion and headaches. She also complains of pain that radiates down her neck.; She has been treated with Z pak, doxycycline and mdp.

Radiology Services Denied Not Medically Necessary

R/O mass; This study is being ordered for Vascular Disease.; January 2016; There has been treatment or conservative therapy.; Pulsatile tinnitus right ear only; Carotid doppler

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the brain.

R/O mass; This study is being ordered for Vascular Disease.; January 2016; There has been treatment or conservative therapy.; Pulsatile tinnitus right ear only; Carotid doppler

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the Neck.

Radiology Services Denied Not Medically Necessary

She describes the symptoms as aspirates, choking, R vocal cord paralyzed, dysphagia, weight loss. Also states her sense of taste has been distorted for past 6 mo. Pt states she also is having GERD symptoms and is currently not on any Rx. &#x0D; She has had the; 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.

Radiology Services Denied Not Medically Necessary

This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.

Radiology Services Denied Not Medically Necessary

"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; It is not known if the patient been seen by or if the ordering physician is an oncologist, neurologist, neurosurgeon, or orthopedist.; Known Tumor with or without metastasis; Survivor of scca tongue treated at Methodist in Houston with right glossectomy followed by full course xrt(4 high dose and 40 external beam) 2000-01; no prior smoking history. Since that time has suffered terrible dry mouth and even has known ORN right m; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; The patient does NOT have Thyroid or Brain cancer.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.

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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

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.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt; restaging; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

restaging; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

restaging; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

restaging; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

&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.; 6/1/2016; It is not known if there has been any treatment or conservative therapy.; Swelling lump nodes, dizziness, night sweats, and fever.

Complaints of headaches since 2-25-2015.; 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."; The study is requested for headache.

head injury; indent and bruise and is out of character since the fall; 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.

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."; The study is requested for headache.

right facial droop epidural fluid collection causing massive fluid on the brain; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications

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."; The study is requested for recent head trauma or injury.

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."; The study is requested for headache.

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.

This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.

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.

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

HEADACHE,NASAL CONGESTION,BILATERAL EAR PAIN,NASAL DRAINAGE,PHARYNGITIS,POST NASAL DRAINAGE,SINUS PAIN,SINUS PRESSURE,SINUSITIS; 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.

NEWLY DIAGNOSED HODGKIN LYMPHOMA, SCANS NEEDED FOR CONTINUED TREATMENT EVALUATION; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

Yes, this is a request for CT Angiography 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 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.



.....last one two years ago; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; diagnosed at birth; There has been treatment or conservative therapy.; .....; surgeries and mri

; This study is being ordered for Congenital Anomaly.; 7/28/1982; There has been treatment or conservative therapy.; PALPITATIONS,; SUBLAVIAN FLAP REAPIR AT 2 DAYS OF AGE, APPROX 1 YEAR OF AGE HAD REPEAT SGY WITH AN END-TO-END ANASTOMOSIS,

; This study is being ordered for Congenital Anomaly.; 7/28/1982; There has been treatment or conservative therapy.; PALPITATIONS,; SUBLAVIAN FLAP REAPIR AT 2 DAYS OF AGE, APPROX 1 YEAR OF AGE HAD REPEAT SGY WITH AN END-TO-END ANASTOMOSIS,

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The 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.; It is not known if 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.

.....last one two years ago; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; diagnosed at birth; There has been treatment or conservative therapy.; .....; surgeries and mri

FOLLOW UP IN MEMBER WITH CENTRAL NERVOUS SYSTEM NONGERMINOMATOUS, DECREASED ENERGY, PALLOR, NAUSEA, VOMITING, DIARRHEA, HEADACHES, FEVER; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

hyperactive tone brisk reflexes and preterm infant; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.

learning difficulty; concentration concerns; add; not socialization w/other children; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Microcephaly;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.

n/a; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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.

Nausea , vomiting , waking from sleep; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Patient having seizures, partial loss of consciousness, breath holding episodes, closed head injury; 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.

pt had gotten hit in the head with a soccer ball and has had a headache every day for 5 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).

RULE OUT TRIGEMINAL NEURALGIA, OR OTHER BRAIN ABNORMALITY; This study is being ordered for a neurological disorder.; MARCH 2016; There has been treatment or conservative therapy.; SEVERE LEFT & RIGHT SIDED FACIAL PAIN WITH SHARP SHOOTING ELECTRIC LIKE PAIN, PAIN BEHIND EAR, FOREHEAD TENDERNESS, CONTINUOUSLY SHARP SHOOTING PAIN, PROBLEMS WITH LOUD NOISES.; NSAIDS, MUSCLE RELAXANTS, PT, TENS THERAPY, CHIROPRACTOR

Short stature; left crossed high and PTOSIS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

This 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.

This 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.

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.

This request is for a Brain MRI; The study is NOT being requested 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

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.

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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

"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 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.

&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.; 6/1/2016; It is not known if there has been any treatment or conservative therapy.; Swelling lump nodes, dizziness, night sweats, and fever.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. COMMON VARIABLE IMMUNODEFIENCY AND ACUTE RECURRENT MAXILLARY SINUSITIS; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

NEWLY DIAGNOSED HODGKIN LYMPHOMA, SCANS NEEDED FOR CONTINUED TREATMENT EVALUATION; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

FOLLOW UP IN MEMBER WITH CENTRAL NERVOUS SYSTEM NONGERMINOMATOUS, DECREASED ENERGY, PALLOR, NAUSEA, VOMITING, DIARRHEA, HEADACHES, FEVER; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

None; This study is being ordered for Congenital Anomaly.; Birth; There has not been any treatment or conservative therapy.; Chiari malformation swallowing disfunction

On xray upright t12 spine shows curve; This study is 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 ago; It is not known if there has been any treatment or conservative therapy.; Unsure 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.

This is a request for cervical spine MRI; Trauma or recent injury; &lt;Enter Additional Clinical Information&gt;; No, the patient does not have new or changing neurological signs or symptoms.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

; This study is being ordered for Congenital Anomaly.; PT C/O CHEST PAIN, BREATHING HARD.past 2 months complains that the middle of his back hurts and he cries,has cyst on his spine; had dye test at ACH; mother was told eventually he &#x0D; has roots and it wraps around his spine. AS OF 6/8/16 this is the 3rd epi; It is not known if there has been any treatment or conservative therapy.; chest pain, heavy breathing, back pain, loosing feeling in both legs.&#x0D; &#x0D; mother states he was "born in cardiac arrest", "birth mom did a lot of drugs" &#x0D; was seen by ACH and was not diagnosed with FAS &#x0D; had "withdrawals and tremors" until he was about 18 FOLLOW UP IN MEMBER WITH CENTRAL NERVOUS SYSTEM NONGERMINOMATOUS, DECREASED ENERGY, PALLOR, NAUSEA, VOMITING, DIARRHEA, HEADACHES, FEVER; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.



None; This study is being ordered for Congenital Anomaly.; Birth; There has not been any treatment or conservative therapy.; Chiari malformation swallowing disfunction

On xray upright t1spine shows curve; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3years ago; It is not known if there has been any treatment or conservative therapy.; Unsure 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.

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 has a large lipoma over her right scapula. It does not have the appearance of a typical abscess. Malignancy needs to be ruled out before the possibility of an I&D.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

; This study is being ordered for Congenital Anomaly.; PT C/O CHEST PAIN, BREATHING HARD.past 2 months complains that the middle of his back hurts and he cries,has cyst on his spine; had dye test at ACH; mother was told eventually he &#x0D; has roots and it wraps around his spine. AS OF 6/8/16 this is the 3rd epi; It is not known if there has been any treatment or conservative therapy.; chest pain, heavy breathing, back pain, loosing feeling in both legs.&#x0D; &#x0D; mother states he was "born in cardiac arrest", "birth mom did a lot of drugs" &#x0D; was seen by ACH and was not diagnosed with FAS &#x0D; had "withdrawals and tremors" until he was about 18 FOLLOW UP IN MEMBER WITH CENTRAL NERVOUS SYSTEM NONGERMINOMATOUS, DECREASED ENERGY, PALLOR, NAUSEA, VOMITING, DIARRHEA, HEADACHES, FEVER; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

large lump near spine in are of pain, not visible on 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

None; This study is being ordered for Congenital Anomaly.; Birth; There has not been any treatment or conservative therapy.; Chiari malformation swallowing disfunction

On xray upright tlspine shows curve; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3years ago; It is not known if there has been any treatment or conservative therapy.; Unsure

swelling in hips; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 yrs ago; There has been treatment or conservative therapy.; pain, LROM; Nsaids, PT for 2 months

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.

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

unknown; 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

Clinical Information; History / Dx: R93.8 Abnormal pelvic ultrasound; History / Dx: amenorrhea and abdominal pain x 5 months, u/s showed 2.3 cm hyperechoic area adjacent to right ovary; History / Dx: ; ; Duration of Symptoms: Start: ; 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.

RIGHT HIP PAIN, FEMURAL NECK STRESS FRACTURE; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

POSSIBLE SLIPPED CAPITAL FEMORAL EPIPHYSIS PER X-RAY RIGHT SIDE; This is a request for a Pelvis MRI.; The request is not for any of the listed indications. This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

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.

; 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.

patients knee has been bothering her for 3 weeks; 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.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability

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.

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.

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

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

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days

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.

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

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.

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

&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.; 6/1/2016; It is not known if there has been any treatment or conservative therapy.; Swelling lump nodes, dizziness, night sweats, and fever. NEWLY DIAGNOSED HODGKIN LYMPHOMA, SCANS NEEDED FOR CONTINUED TREATMENT EVALUATION; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

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.

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

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.;

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.

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

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

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; Caller does not know if there is a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal 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 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.



This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

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 has Biliary Arteries follow up amount of fluid around the liver. Abn imaging.

; This study is being ordered for Congenital Anomaly.; 7/28/1982; There has been treatment or conservative therapy.; PALPITATIONS,; SUBLAVIAN FLAP REPAIR AT 2 DAYS OF AGE, APPROX 1 YEAR OF AGE HAD REPEAT SGY WITH AN END-TO-END ANASTOMOSIS,

This is a request for a heart or cardiac MRI

This is a request for Heart CT Congenital Studies.

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.

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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

RULE OUT TRIGEMINAL NEURALGIA, OR OTHER BRAIN ABNORMALITY; This study is being ordered for a neurological disorder.; MARCH 2016; There has been treatment or conservative therapy.; SEVERE LEFT & RIGHT SIDED FACIAL PAIN WITH SHARP SHOOTING ELECTRIC LIKE PAIN, PAIN BEHIND EAR, FOREHEAD TENDERNESS, CONTINUOUSLY SHARP SHOOTING PAIN, PROBLEMS WITH LOUD NOISES.; NSAIDS, MUSCLE RELAXANTS, PT, TENS THERAPY, CHIROPRACTOR

Radiology Services Denied Not Medically Necessary

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. PATIENT WITH CHRONIC COUGH, ABNORMAL WEIGHT LOSS, OXYGEN DEPENDENT COPD, TOBACCO ABUSE; 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.

Radiology Services Denied Not Medically Necessary

LOW BACK examination: Inspection: normal skin, soft tissue and bony appearance with gentle lumbar lordotic curve, no gross edema or evidence of acute injury; &#x0D; Palpation: normal palpation of the bony posterior spinous processes, the sacral spine, iliac cr; 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

Radiology Services Denied Not Medically Necessary

swelling in hips; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 yrs ago; There has been treatment or conservative therapy.; pain, LROM; Nsaids, PT for 2 months

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

none.; 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; 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.

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 per umbilical, nausea, very tender in (R) abd; rebound and tenderness

Pt is having a lot of pain and MRI is to help her symptoms; 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.

He has previously tried home exercise program, NSAIDs, muscle relaxants and an SNRI without sustained relief and continues to have significant pain interfering with his function.; 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.; Did not help

Old MRI showed bilateral pars defects at L5-S1 causing grade I anterolisthesis at L5-S1.; 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

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?

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.

&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.; 6/6/2014; There has been treatment or conservative therapy.; Neck pain, radiating toward the bilateral shoulders. aching, numbing and tingling. Left shoulder has weakness. Joint pain. Muscle spasms. Upper extremity radiculopathy. Ruling out any new degenerative disc or herniated disc. HX of cervical fusion surger.; PT, oral medications, and spinal therapeutic.

Radiology Services Denied Not Medically Necessary

&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.; 6/6/2014; There has been treatment or conservative therapy.; Neck pain, radiating toward the bilateral shoulders. aching, numbing and tingling. Left shoulder has weakness. Joint pain. Muscle spasms. Upper extremity radiculopathy. Ruling out any new degenerative disc or herniated disc. HX of cervical fusion surger.; PT, oral medications, and spinal therapeutic.

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

MDO is wanting to evaluate Pt's nasal airway for a deviated septum; 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.

This study is being ordered for a congenital abnormality.; The patient is less than 18 years old.; This is a request for a chest MRI.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.

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.

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 CT Angiography of the lower extremity.

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.

This is a request for CT Angiography of the Abdomen and Pelvis.

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.

Pt has a mother with breast cancer at 32, grandmother at 50. Lifetime risk is 39.3%; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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.

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

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  
Rule out surgery; This study is being ordered for trauma or injury.; 4/8/2016; There has been treatment or conservative therapy.; Pain, non weight bearing; Surgery for open fracture

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.

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

This is a request for 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.

This is a request for a foot CT.; 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 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 suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.; The patient does not have a documented limitation of their range of motion.

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.

"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; This is a request for bilateral foot MRI.; Bilateral calcaneal fractures

"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.; patient is having pain bilaterally; This is a request for a bilateral ankle 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.; This is a request for bilateral foot MRI.; symptomatic bilateral plantar faciitis, pain level is now 8/10

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&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.; March 10, 2016; There has been treatment or conservative therapy.; limited ROM, swelling, pain, can hardly walk.; Cortisone injection, no relief. A lot of inflammation and little mobility. limited ROM.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 4.13.2016; There has been treatment or conservative therapy.; HAS PAIN SWELLING ///EXTREME PAIN ///PAIN WITH RANGE OF MOTION AND LIMITED PAIN//; WALKING BOOT/IBPROFEN AND PAIN MEDICATION

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 4/5/2015; There has been treatment or conservative therapy.; pain, affected gait, swelling; Bracing, boot, medication

; This study is being ordered for trauma or injury.; 4-9-2014; There has been treatment or conservative therapy.; Pt has metatarsal fracture/ foot contusion/ left foot and ankle pain/ foot injury and foot sprang; Ankle and leg brace/ walking boot/ resting/ bandage compression/ splint/ elevation/ applied ice to area after physical therapy the patient states that the pain has worsen and palpation of the tendon area and motion of the ankle is painful 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.; 02/23/2016; There has been treatment or conservative therapy.; edema, severe pain, and painful to walk; Physical therapy for 6 weeks and treatments of anti-inflammatories.

Neuroma, Right foot.; This is a request for a foot MRI.; It is not known if surgery is planned for within 30 days.; The study is being ordered for a pre op.; This study is NOT being ordered for assessment of a known fracture fragment. patient injured ankle in January, was placed on crutches and has gone to physical therapy, exam on 4/28 reveals significant pain with any type of motion of the right ankle, pain on palpation over the anterolateral aspect, marked guarding is noted; 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.

Pt had heel pains for 5 months. Last Saturday she sat down and heard a pop in foot then Sunday she couldn't stand. She went to ER. X-ray was neg. for fracture or break.; 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.

r/o foreign body in the foot from a puncture; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is NOT being ordered for chronic pain, acute pain, rule out tarsal coalition, known or suspected septic arthritis or osteomyelitis, tendonitis, neuroma or plantar fasciitis.

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.; 4-5-16; It is not known if there has been any treatment or conservative therapy.; pain

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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

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.

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.

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.

This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.

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 a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.

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.

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.

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.

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.

This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.

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.



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.

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.

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.

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.

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.

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.

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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.

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.

This is a request for an Ankle MRI.; Surgery or arthroscopy is 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.

X-ray done today; 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.

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.; Pt experiencing weakness and pain, going thru her leg and going to her back area.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

&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.; 2/12/2016; There has been treatment or conservative therapy.; unable to bear weight, persistent pain, redness, bruising.; physical therapy and medication

Radiology Services Denied Not Medically Necessary

&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.; few weeks; There has not been any treatment or conservative therapy.; pain in digital

Radiology Services Denied Not Medically Necessary

&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.; March 10, 2016; There has been treatment or conservative therapy.; limited ROM, swelling, pain, can hardly walk.; Cortisone injection, no relief. A lot of inflammation and little mobility. limited ROM.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 01/2015; There has been treatment or conservative therapy.; pain, inflammation, swelling; Splints, inserts, steroids, immobilization. after physical therapy the patient states that the pain has worsen and palpation of the tendon area and motion of the ankle is painful 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.; 02/23/2016; There has been treatment or conservative therapy.; edema, severe pain,and painful to walk; Physical therapy for 6 weeks and treatments of anti-inflammatories.

Radiology Services Denied Not Medically Necessary

need to see if surgery will be required; 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.

Radiology Services Denied Not Medically Necessary

PATIENT HAS PAIN AND SWELLING IN L ANKLE. ONSET WAS 3/24/16 AFTER MOVING IN TO HER NEW APARTMENT. X-RAY WERE NEGATIVE FOR FX. PROBABLE P T TENDON INJURY/TENDONITIS. MS JONES HAS BEEN SEEN IN THE OFFICE A TOTAL OF 5 TIMES NOW AND IS STILL HAVING A LOT O; 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.

Radiology Services Denied Not Medically Necessary

PCP took xrays and stated the member may have tendonitis. She was referred to the MDO and she's attempting to r/o tendonitis; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for tendonitis.; It is unknown if the patient has had foot pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 ; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

pt is being treated for depressive disorder. long term use of medications. pt has form of epilepsy with current seizures.; 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

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for trauma or injury.; 09/2014; There has been treatment or conservative therapy.; pain and numbness; physical therapy

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for trauma or injury.; 09/2014; There has been treatment or conservative therapy.; pain and numbness; physical therapy  
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."; The study is requested for headache.

none.; 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.

Pt was seen in the office for 6 week follow up of lymphadenopathy and shortness of breath. States she is doing no better than last time. Still with shortness of breath, cough with yellow sputum, congestion, chest pressure and neck pain and stiffness.; 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.

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)

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

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)

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)

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4-22-2016; There has not been any treatment or conservative therapy.; A BAD COUCH , UPPER RESPREITORY PROBLEMS

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.

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.

"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 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.

"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.

"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.

"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.



&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

; "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.

; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

; 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.

; 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.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4-22-2016; There has not been any treatment or conservative therapy.; A BAD COUCH , UPPER RESPREITORY PROBLEMS

17 mm pulmonary nodule in RT lower lobe.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

2/10/16 CT showed 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.

2-YEAR PERIOD SERIAL CT SCAN TO EVALUATE FOR CHANGE IN SIZE/OR SHAPE OF PULMONARY NODULES AND LYMPH NODE. LEFT LOWER LOBE INFILTRATE,RIGHT LOWER LOBE INFILTRATE WITH ASSOCIATED NODULARITY,LARGEST MEASURING 6.5MM,RIGHT PARATRACHEAL NODE 1.4 X 2CM; 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.

8-9 lung nodule right 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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

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.

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.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

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.

Abnormal CXR; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Bronchitis Complication. Chronic Cough. Abnormal x-ray of chest.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

CAVITARY LESION OF LUNG,11 MM CAVITARY LESION,ABNORMAL CT, TO EVALUATE FOR CHANGE IN LESION,BACK PAIN; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Centrilobular emphysema; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

CHEST XRAY DONE 9/2015 SHOWS IRREGULAR LEFT LOWER LOBE DENSITY 2CM. PT RECENTLY evaluated at the emergency room with complaints of having chest pressure. Patient tells me that this is constant. He also felt some tingling and numbness radiating to the ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Chest x-ray in the office today is reviewed. I have no previous films for comparison. The lungs are well expanded with some blunting of both costophrenic angles which could be due to pleural scarring from previous pulmonary issues. I don't see an obvio; "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.

COPD; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

Cough and 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.; 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.

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.

ct done 5/5/15 calcified granulomatous disease in the left lower lobe and left hilum 3mm noncalcified nodule left lower lobe follow up in one year to obtain and confirm 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.

CT of Spine in 01/2016 displayed lung nodule.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

doctor is ordering the study for a lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

During CT abdomen a nodule was detected in left lower lobe of the lung. Former smoker. MDO wanting to check full lungs for any other nodules. Questionable liver mass.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

EVALUATE FOR CHANGE IN SIZE OR SHAPE OF LUNG MASS. 2 YEAR PERIOD. SIZE 5.3 X 1.5 CM LOCATED IN THE RIGHT UPPER LUNG NOBE.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

EXPOSURE TO FUNGAL INFECTIONS, SARCOIDOSIS IS POSSIBILITY. LESS LIKELY TB IN THE ABSCENCE OF POSITIVE PPD. CT CHEST8/4/15 SUB CENTIMETER MED LYMPH NODES. 6-7 MM NODULES BILATERALL. SOME OF THEM ARE 3-4 MM.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

family history of cancer,nodule of lung, follow u to document change; 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.

follow up ct multiple 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.

FOLLOW UP CT PUL SCREENING FROM 02/04/2016; "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.

Follow up for biopsy in March 2016. Wants to see if the mass have grown or is still there.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

follow up lung mass; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

follow up to a lung nodule,; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Follow up to treatment every 6 months; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

found 9mm nodule in lung need a 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.

high risk patient with 40 pack history, multiple nodules on lungs.; 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.

Lung nodule been following, L glandular 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.

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.

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.

member has 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.

multiple nodules found, up to 5mm, moderate risk for malignancy, using in conjunction with bronchoscopy.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Multiple nodules on past CT have been identified. Followig up to make sure that they have not grown in size.; 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.

n/a; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

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.

non smoker; 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.

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.

none; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

Past diagnosis of lung cancer. Patient is presently a NON-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.



Patient had a CT abdomen and pelvis on that scan and a left lower lobe lung nodule was found so the patient was referred here to a lung specialist; "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.

Patient had a ct chest done on 6/22/2015 it showed several left lung nodules up to 5mm the radiologist recommended a 12 month follow up; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

patient has 5ml palmary nodule to right ear 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.

Patient has a left lower lobe mass. This is a follow up to prior imaging in October 2015.; "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.

Patient has 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.

Patient has a 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.

Patient has complaints of exceptional dyspnea, emphysema and chronic 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.

patient has pneumonia; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

patient has solitary nodule had abnormal 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.

PLEURAL EFFUSION,SARCOIDOSIS,FATIGUE,SHORTNESS OF BREATH,ABNORMAL X-RAY,PRODUCTIVE COUGH,LEFT FIBROTHORAX FROM REMOTE THORACIC TRAUMA; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Previous CT (over 6 months) displayed 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.

Pt had a chest xray in March 2016 and got referred to MDO.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Pt has a nodule less than 6mm in size.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

pt has a small nodular density. Non calcified pulmonary nodule, measuring 6.3 mm.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

PULMONARY HYPERTENSION,SHORTNESS OF BREATH,R/O PULMONARY FIBROSIS; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

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.

REASON FOR STUDY: TO EVALUATE FOR CHANGES IN NODULE. ABNORMAL CT 08/15/2015. STABLE 9 MM RIGHT UPPER LOBE NON CALCIFIED NODULARITY THAT IS SOMEWHAT OBLONG.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

RTC in four week or sooner RX azithromycin; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

Shortness of breath . Worsening cough over passed 2 years. Multiple ER visits. HX of non Aorta valve stenosis . CT Chest to look at Aorta see dilation and lungs.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

shortness of breath and unresolved 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.

smoker, follow up evaluation of nodule at 12 months; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

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.

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.

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.

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.

Unresolved 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.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

unknown; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;

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.";

This is a request for a heart or cardiac MRI

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

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.

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.

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.

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.

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.

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.

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.

Lung mass was seen on CT scan that appeared to be cancerous. Ordering PET scan and MRI brain for staging 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.

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.

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.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.

This is 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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.

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.

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.

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.

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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.

Radiology Services Denied Not Medically Necessary

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.  
; 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.

Radiology Services Denied Not Medically Necessary  
Radiology Services Denied Not Medically Necessary

Lung mass was seen on CT scan that appeared to be cancerous. Ordering PET scan and MRI brain for staging 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.

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.

Radiology Services Denied Not Medically Necessary

"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.";  
There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.



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.

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 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.

Radiology Services Denied Not Medically Necessary

infection of lung being treated by antibiotic. follow up 2 weeks after antibiotic is completed; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

none; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

Patient is here for follow-up of intermittent chest pain, SOB, tobacco use; 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.

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.

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.

Radiology Services Denied Not Medically Necessary

Chest pain; 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.

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 Lung Cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.

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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown when or if the patient quit smoking.

Part of restaging after surgery for recurrent tongue cancer. Patient has been experiencing 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."; The study is requested for headache.

evaluate for mets, larynx 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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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.

4/11/2016 Brain MRI multiple lesions just completed SRS early May and chemo will start in July . This is for restaging; 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.

Acoustic neuroma; 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.

evaluate response to treatment; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; 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.

Pt was treated for AVM , in right region; was experiencing flare ups looking for any changes; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; 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.

This 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.

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.

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.

"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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

evaluate for mets, larynx 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.

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 not a hematologist/ oncologist.

Post radiation therapy for lung cancer; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

R/O Granuloma ca; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Restaging for mets; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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.

rule out metastasis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

rule out metastasis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

Enter answer here - or Type THIS IS FOR TREATMENT STAGING FOR RADIATION TREATMENT; 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.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

treated for cancer /with surgery and radiation follow up scan; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

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.

fall , acute shoulder pain, limited 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.

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.

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 not a hematologist/ oncologist.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.

Restaging for mets; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; raising PSA after prostatectomy for restaging and radio therapy

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.



lumpectomy was done on the 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.; 10/27/2015; There has been treatment or conservative therapy.; headache; chemo, ct,

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."; treatment response following radiation therapy

lumpectomy was done on the 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.; 10/27/2015; There has been treatment or conservative therapy.; headache; chemo, ct,

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 study, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colorectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.

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.

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.

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.

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.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.

This is 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.

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.

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.

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.

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.

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 recurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.

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.

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.

Pt has been treated with radiation for anal cancer and now wants to check on 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 not a hematologist/ oncologist.

persistent lower back pain and pain radiating down left leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Pt has been treated with radiation for anal cancer and mdo wants to check on 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 not a hematologist/ oncologist.

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.

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.

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the Neck.

; This study is being ordered for a metastatic disease.; There are 2 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 study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;;

Patient has craniopharyngioma s/p resection and XRT with interim cyst decompressions and most recent resection 3/2016. Studies to evaluate rumor/cyst status and arterial integrity.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;;

Patient has craniopharyngioma s/p resection and XRT with interim cyst decompressions and most recent resection 3/2016. Studies to evaluate tumor/cyst status and arterial integrity.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 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).

EVALUATION FOR METS; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

EVALUATION OF LIVER LESIONS, AND PULMONARY NODULES ON THE CHEST MEASURING UP TO 4ML IN CHEST.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.

rash and redness to knees;; This study is being ordered for Vascular Disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; leg pain, pulmonary embolus, bilateral knee pain, injection to the right knee, mild chest pain, dyspnea;; ultrasounds, medication,

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.

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.

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 CT Angiography of the abdomen.

EVALUATION OF LIVER LESIONS, AND PULMONARY NODULES ON THE CHEST MEASURING UP TO 4ML IN CHEST.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

rash and redness to knees;; This study is being ordered for Vascular Disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; leg pain, pulmonary embolus, bilateral knee pain, injection to the right knee, mild chest pain, dyspnea;; ultrasounds, medication,

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

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

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases  
Yes, this is a request for CT Angiography of the abdominal arteries.

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).

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.

; This study is being ordered for a metastatic disease.; There are 2 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Nursing note and vitals reviewed.&#x0D; Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress. &#x0D; HENT: &#x0D; Head: Normocephalic and atraumatic. &#x0D; Right Ear: External ear normal. &#x0D; Left Ear: Externa; This study is 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; It is not known if there has been any treatment or conservative therapy.; 50yo female with PMH of MS, idiopathic angioedema, fibroids presents with complaints of abdominal pain, nausea, vomiting, diarrhea. Patient reports eating fried rice last night. She notes this morning when getting up, she felt increasing lower abdominal c

Radiology Services Denied Not Medically Necessary



Radiology Services Denied Not Medically Necessary

Nursing note and vitals reviewed. #x0D; Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress. #x0D; HENT: #x0D; Head: Normocephalic and atraumatic. #x0D; Right Ear: External ear normal. #x0D; Left Ear: Externa; This study is 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; It is not known if there has been any treatment or conservative therapy.; 50yo female with PMH of MS, idiopathic angioedema, fibroids presents with complaints of abdominal pain, nausea, vomiting, diarrhea. Patient reports eating fried rice last night. She notes this morning when getting up, she felt increasing lower abdominal c

Radiology Services Denied Not Medically Necessary

This study is being ordered due to known or suspected vascular disease.; The ordering physician is not a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; There is NOT plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.

Radiology Services Denied Not Medically Necessary

post-op; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

; This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is NOT presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.

Radiology Services Denied Not Medically Necessary

; This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is 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.

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.

Patient has cyst thoracic spine and needing studies to make sure cysts is not on lumbar.; This study is 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.; Patient is having pain; Imaging studies patient takes over the counter pain medication

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?

; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; It is not known when surgery is scheduled.

Patient has cyst thoracic spine and needing studies to make sure cysts is not on lumbar.; This study is 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.; Patient is having pain; Imaging studies patient takes over the counter pain medication

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

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

Radiology Services Denied Not Medically Necessary

Patient with neck and shoulder pain with multiple trigger points; no radicular pain. Please evaluate for intrinsic spinal condition that may be etiology for symptomology.; 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.

Radiology Services Denied Not Medically Necessary

&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.; 2001; There has been treatment or conservative therapy.; pain with radiculopathy; home exercises, Ibuprofen, Roboxon, PT in 1/12/16  
Extensive conservative management with physical therapy, NSAIDs, and steroids has not demonstrated therapeutic efficacy. We will proceed with advanced imaging to correlate pathology with symptomology and for pre-injection planning.; This is a request for cervical spine MRI; Pre-Operative Evaluation; It is not known when surgery is scheduled.

Radiology Services Denied Not Medically Necessary

&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.; 2001; There has been treatment or conservative therapy.; pain with radiculopathy; home exercises, Ibuprofen, Roboxon, PT in 1/12/16

Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

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.; doubling of uterus

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.; doubling of uterus

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8";

"There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"

Yes, this is a request for CT Angiography of the brain.

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.

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.

has a tremor, increased fatigue, myalgia,; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; Is is not known if the patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.;; 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.

This 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.

This 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.

This request is for a Brain MRI; The study is NOT being requested 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.

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.

"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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; chronic; There has been treatment or conservative therapy.; fatigue, joint pain, seizures, sleep disturbance, chest pain; medication

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 4/20/15; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; PFT, medications,

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.  
A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

Pt has a h/x of merkel cell carcinoma of unknown primary to his left groin.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; March 7; There has been treatment or conservative therapy.; pain; PT

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.

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.

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.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

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.

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.; Questionable anterior wedge compression of T11 on x-ray.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 05/11/2016- ongoing started 6 months ago; There has been treatment or conservative therapy.; low back pain, leg pain, stiffness; medications, regular exercise

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; March 7; There has been treatment or conservative therapy.; pain; PT

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; years ago; There has been treatment or conservative therapy.; pain and stiffness when standing or lying down; alev, x-rays didn't show anything

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 05/11/2016- ongoing started 6 months ago; There has been treatment or conservative therapy.; low back pain, leg pain, stiffness; medications, regular exercise

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; years ago; There has been treatment or conservative therapy.; pain and stiffness when standing or lying down; alev, x-rays didn't show anything



Experiencing low back pain; Positive HLA-B27; Need to eval for sacroiliitis and possible ankylosing spondylitis. Pt's mother has AS.; 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.

MDO is wanting to r/o sacral ileitis inflammation - Pt had an xray on 4/6/16 and it was normal but has had chronic low back pain in the area for 5+ years.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.

This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

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.

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;

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.

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.

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.

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.

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

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.

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.

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.

The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The plain films were not normal.

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?

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.

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.

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.

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.

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 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.

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.

; 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 were abnormal.

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.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

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.

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

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.

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; Xray showed 1.5 cm sclerotic lesion in the right proximal tibial metaphysis; Suspicious Mass or Suspected Tumor/ Metastasis

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

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.

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.

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.

This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.

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.

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.

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

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 CT Angiography of the abdomen.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; chronic; There has been treatment or conservative therapy.; fatigue, joint pain, seizures, sleep disturbance, chest pain; medication

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 4/20/15; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; PFT, medications,

Pt has a h/x of merkel cell carcinoma of unknown primary to his left groin.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 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.

This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.

history of sarcoidosis; This study is being ordered for Inflammatory/ Infectious Disease.; 10/01/2015; There has been treatment or conservative therapy.; neck pain, headaches, sleep disturbance, R sided neck and headaches. nausea.; infusion, steroids, meds

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.

history of sarcoidosis; This study is being ordered for Inflammatory/ Infectious Disease.; 10/01/2015; There has been treatment or conservative therapy.; neck pain, headaches, sleep disturbance, R sided neck and headaches. nausea.; infusion, steroids, meds

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary



Radiology Services Denied Not Medically Necessary

R/o herniated disc; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; Pt c/o low back pain, leg pain.; rx and anti inflammatory, home pt.

Radiology Services Denied Not Medically Necessary

Radiculopathy in right leg; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LE 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.

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?

Radiology Services Denied Not Medically Necessary

R/o herniated disc; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; Pt c/o low back pain, leg pain.; rx and anti inflammatory, home pt.

Radiology Services Denied Not Medically Necessary

SACROLITIS; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

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.

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.  
; 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.

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.

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; 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.

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 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.;

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?

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?

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?

; 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.

MRI Left ankle to rule out deltoid tear and evaluate healing of distal fibula fracture. Patient injured left ankle 10 weeks ago when sliding into home plate while playing baseball. She has been in a walking boot and in a cast. Patient has been having diff; 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.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

unexplained source of pain and swelling. limited ROM with pain. Pt has fallen 4 times recently. MRI to further evaluate for source of pain and swelling.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.

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 x-ray in 2014, previous MRI shows DDD and disc bulge. Referral to pain management specialist. Patient has been unable to work for the past 3 years due to pain.

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.

Radiology Services Denied Not Medically Necessary

MRI of the Lumbar Spine to rule out HNP. Patient has had bilateral GTB CSIs and a home exercise program and has noted increased pain localized to her lumbar spine now. ROM restrictions. Active painful ROM. Decreased bilateral hip strength.; 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.;

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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Determine what the neck mass is in the neck (Cancer?) and what the density in the chest is; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/1/2016; There has not been any treatment or conservative therapy.; left neck mass, pain associated with, chest nodules, cough  
This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.

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 CT Angiography 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is 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.

"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.

"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.

&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.; 11/2015; It is not known if there has been any treatment or conservative therapy.; PT has swelling in the neck and weakness.

; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

; This study is being ordered for a metastatic disease.; There are 2 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 trauma or injury.; about a year ago; It is not known if there has been any treatment or conservative therapy.; see uploaded clinicals

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.  
A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

Determine what the neck mass is in the neck (Cancer?) and what the density in the chest is; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/1/2016; There has not been any treatment or conservative therapy.; left neck mass, pain associated with, chest nodules, cough

Enter answer here - or Type In Unknown If No Info Gi&#x0D; Residual thymus is seen with a 10 mm nodule in the superior portion&#x0D; of the thymus. This may represent a lymph node versus a portion of the&#x0D; thymus. Recommend follow-up chest CT. Ordered 3 mo CT neck 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.

Follow up for a lung nodule.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Lymphadenopathy mild response to antibiotics.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Patient came into hospital with chest pain. There was a lung nodule noted on the chest xray. Patient was smoking a pack a day for 20 years. Patient has a family history of cancer. His grandmother on his mothers side died from lung cancer. His grandfather ; "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.

Patient has a condition that needs further evaluation.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

PATIENT RECEIVED CTY CHEST ON 03/18/2016 DUE TO HISTORY OF MEDIASTINAL MASS, CT RESULTS REPORTED AS FOLLOWS: DECREASE IN SIZE OF CHEST MASS/MEDIASTINAL AREA, PROVIDER/SURGEON RECOMMENDED REPEAT CT SCAN IN A YEAR TO EVALUATE CHEST MASS; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above. PT HAS DETECTED HEPATIC MASS, NEW DIAGNOSIS, TRYING TO COME UP WITH TREATMENT PLAN.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

referred to surgeon for excisional biopsy after having a palpable area that was seen on ultrasound of the right breast axillary tail and axilla show enlarged lymph nodes the largest of which measures 6 x 5.3 x 4.2 cm. a process such as lymphoma cannot be; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

suspicion of cancer;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.



This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

follow up of a known 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 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.

r.o atotic anuresym; This study is being ordered for Vascular Disease.; 06/05/2016; There has not been any treatment or conservative therapy.; aneurysm of the arotia, without rupture

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

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.

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT  
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.

&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.; 5/12/16; There has been treatment or conservative therapy.; Back pain.; Pain Medications

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.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.;

&lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

&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.; 5/12/16; There has been treatment or conservative therapy.; Back pain.; Pain Medications

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

r.o atotic anuresym; This study is being ordered for Vascular Disease.; 06/05/2016; There has not been any treatment or conservative therapy.; aneurysm of the arotia, without rupture

This is a request for a pelvis CT angiography.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

; 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.

; 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.

; 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.

3 yrs ago w/a cyst, r/o rather needs to be drained.; 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.

aching pain when laying down 15/9 measurements; 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.

bilateral growing, swelling limb notes,; 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.

Enter answer here - or Type In Unknown If No Info Give n. PT HAD BILATERAL INGUINAL SURGERY DONE IN 1992. NO RECORDS. SURGEON NEEDS TO KNOW WHAT TYPE OF MESH WAS USED FOR THAT SURGERY OR IF MESH WAS USED.; 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.

evaluation of pain and a bulge in the right groin. He has a history of 2 open surgical repairs of right groin hernia in 2015. It sounds like one of these was complicated by postoperative hematoma that had to be evacuated. His presenting symptoms for the o; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

PT HAS DETECTED HEPATIC MASS, NEW DIAGNOSIS, TRYING TO COME UP WITH TREATMENT PLAN.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

PT HAVING PAIN IN LEFT GROIN AREA, SUSPECTED HERNIA, ENLARGED FEMORIAL AREA; 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.

pt with a rt groin tender mass with complaints of testicle pain when he sits or crosses legs it hurts, no obvious hernia on physical exam but a small very tender to touch bulge/mass could be felt; 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.

RULE OUT PERI-RECTAL ABCCESS; 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.

To rule out disease of the rectum.; 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.

Status post surgery; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

joint space;; This study is being ordered for Vascular Disease.; 4-22-16; There has been treatment or conservative therapy.; pain, swelling;; pt therapy wrist mri, nocturnal splint carpal tunnel

MRI to check the cartilage and see if we can do ligament reconstruction versus fusion.; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; Bilateral thumb MCP joint pain. She has increased laxity secondary to collateral ligament ruptures in the past. We've injected her as well as conservative treatment and they did help at first, but now the symptoms are progressing and affecting her funct; Splinting, injections, home exercises, steroid dose pack, anti-inflammatories and pain medicine

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

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.

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.

&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.; 01/26/16; There has been treatment or conservative therapy.; swelling tingling stiffness Pain; PT Wrist sprints 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.; unknown; It is not known if there has been any treatment or conservative therapy.; pt c/o both shoulders making cracking noises when rotating them and bilateral shoulder pain joint space;; This study is being ordered for Vascular Disease.; 4-22-16; There has been treatment or conservative therapy.; pain, swelling,; pt therapy wrist mri, nocturnal splint carpal tunnel

Order an MR arthrogram of the bilateral wrists to evaluate the integrity of the ligaments of the carpus. This is due to the abnormal but symmetrical findings on the radiographs with the associated pain.; This study is being ordered for Inflammatory/ Infectious Disease.; several years; There has been treatment or conservative therapy.; Numbness and tingling bilaterally. Complete tear of right scapholunate ligament.; Anti-inflammatories, wrist braces, topical medication

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.

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.)."

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.

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.

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.

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.

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.



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.

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.

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.

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.

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.

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.

thigh swelling and discomfort, ultra sound was done and it was negative; 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.  
This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is not a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; june 2015; There has been treatment or conservative therapy.; tract wound, pain , drained brown fluid; surgery to debride necrotic tissue, wound remains open, split thickness skin graft, chronic tract under proximal scar

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.

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.

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

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.

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.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.

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; No, the member do not experience a painful popping, snapping, or giving away of the knee.

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.

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."

Both legs show brownish discoloration of the skin, with mild-to-moderate edema. The patient had a coronary artery bypass with vein harvest of the left leg in 2010. He has also has a previous fracture of the right tibia at the age of 20 that required skin ; This study is being ordered for Vascular Disease.; Onset has been gradual for years, with symptoms increasing within the last 2 years.; There has been treatment or conservative therapy.; Leg cramping and burning, difficulty walking, muscle fatigue, loss of hair on lower extremities, muscle pain, and numbness.; Patient takes aspirin and meloxicam for inflammation and pain. Self-care measures include foot care.

Patient has no palpable right femoral pulse, a palpable left femoral pulse with mild bruit, and no palpable pedal pulses.; This study is being ordered for Vascular Disease.; Onset has been gradual for years; There has been treatment or conservative therapy.; Leg cramping, difficulty walking, fatigue, and pain; Patient quit smoking, takes aspirin, exercises at home, and rests.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

follow up after surgery patient having pain and nausea,; This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.

referred to surgeon for excisional biopsy after having a palpable area that was seen on ultrasound of the right breast axillary tail and axilla show enlarged lymph nodes the largest of which measures 6 x 5.3 x 4.2 cm. a process such as lymphoma cannot be; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

suspicion of cancer;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.

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.

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.

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.

umbilical hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis  
This is a request for CT Angiography of the Abdomen and Pelvis.

r.o atotic anuresym; This study is being ordered for Vascular Disease.; 06/05/2016;  
There has not been any treatment or conservative therapy.; aneurysm of the arotia,  
without rupture

Yes, this is a request for CT Angiography of the abdomen.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a 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.

&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.; 11/2015; It is not known if there has been any treatment or conservative therapy.; PT has swelling in the neck and weakness.

; This study is being ordered for a metastatic disease.; There are 2 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 trauma or injury.; about a year ago; It is not known if there has been any treatment or conservative therapy.; see uploaded clinicals



34 year old female needs repair of hernia; pre-op; 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.

Follow up to surgery; This is a 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.

history of hernia/hernia repairs in the past; This is a 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.

I have recommended that we get a CT scan of the abdomen and pelvis with by mouth contrast and with a BB marker. Usually I can see a defect at the arcuate line of Douglas that sometimes we can't especially of the hernias reduced in the supine position, whi; 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.

nausea, vomiting, r/o umbilical hernia; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.

NO; This is a 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.

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.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.

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.

Pain has increased, fever, 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 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.

Patient has stomach bulge; 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.

Pt has a mass in the epigastric area and also epigastric 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.; 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.

pt has Pseudocyst of pancreas and we need follow up ct to see if it is still 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 male.; A rectal exam was not performed.

pt has tenderness in right flank radiating to right groin and down leg , trying to rule out possible 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.; The patient did not have a amylase or lipase lab test.

r/o possible hernia; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.

re-evaluate enlarged pelvic lymph node.; 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.

The patient has an umbilical hernia that is causing abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

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.

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.; 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

This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Suspicious Mass or Tumor

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;

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 Crohn's disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

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.

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

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;

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; &lt;Enter Additional Clinical Information&gt;

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

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

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.

This is 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 an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;

This is 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

This is 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 diarrhea for several months

This is 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 Tuesday no Gall bladder

This is 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, Hernia of abdominal wall, still having complications from past hernia sx, had a loss of appetite due to the pain, pt stated her hernia is also protruding

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; ABN Pain r10.9, hernia

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; cerosis of the liver, kidney disease and gird

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Change in bowel habits with three or four loose stools a day. Need CT Abdomen and Pelvis for new onset diarrhea.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; evaluation for hernia

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; has a knot that is hard on right upper side that is painful

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; **INCISIONAL HERNIA WITH ABDOMINAL PAIN**

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Incomplete colonoscopy due to tortuous colon. Need follow up CT scan.

This is 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 WITH MOVEMENT, ONGOING THE LAST TWO YEARS, WITH NAUSEA AND LOSS OF APPETITE. INITIAL REPAIR OF HERNIA TWO YEARS AGO WITH ANOTHER DOCTOR, MANY DRAINS AND WOUND VACS, MANY HOSPITAL STAYS DUE TO HERNIA.**

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Lower abdominal wall pain , possible hernia

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; obesity

This is 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

This is 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 CT 11/5/15 and showed 17 x 14 x 25 cm cystic mass in the right hemiabdomen with significant associated mass effect. Patient having right upper quadrant pain with nausea and epigastric pain. Had it drained but adrenal cyst may be filled up ag

This is 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 right inguinal hernia repair at age 10. Pain began over past 4 year waxing and waning. Worse now with right groin pain and right groin fluid collection.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; PATIENT HAS A HERNIA

This is 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 abd pain with diarrhea and blood in stool. pt had EGD and colonoscopy on 04/04/2016 and results were POSTOPERATIVE DIAGNOSES: 1. Gastritis. 2. Distal esophagitis. 3. Small hiatal hernia. 4. Normal colon. 5. Normal terminal ileum; no reason fo

This is 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, nausea, pain and tenderness, seem to be getting worse,

This is 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 having chronic abdominal pain, abdominal distention, bloating, constipation, and pain with bowel movement. She is 2 years s/p cholecystectomy.

This is 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 evaluate for hemocult positive stool. Normal EGD and Colonoscopy on 5/4/2016.

This is 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 evaluate knot in patient's abdominal incision from her Exploratory Laparotomy from 4/30/2016.



This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; trying to rule out hernia

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; umbilical hernia

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Unexplained abdominal pain, returning, 1 week ago, sharp left lower quadrant pain. She has a hx of incisional hernia. Feels like the pain is the same. There were no complications with hernia repair. She did have an infection right after surgery. Ibuprofen

This is 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

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; US PERFORMED-NO FINDINGS. STILL HAVING EPIGASTRIC PAIN DESPITE USING H2 BLOCKERS AND PPI'S, AND WEIGHT GAIN

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; ventricular hernia repair; multiple bariatric surgery; abdominal wall needs to be looked at prior to surgery

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

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

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 revealed an enlarged testicle.

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

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.; 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; &lt;Enter Additional Clinical Information&gt;

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

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; &lt;Enter Additional Clinical Information&gt;

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

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 hernia; palpitated on exam.

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; Rectal bleeding &#x0D; Perforation of the bowel

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; &lt;Enter Additional Clinical Information&gt;

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; had colon cancer in remission and they are checking his progress

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

This is a 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

unknown; 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.

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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.

Previous imaging found a liver 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.; 06/13/2016; There has been treatment or conservative therapy.; Abdominal pain, back pain, rib pain; Imaging and medication

PT HAS DETECTED HEPATIC MASS, NEW DIAGNOSIS, TRYING TO COME UP WITH TREATMENT PLAN.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

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."; Patient ID: Bobby S Dempsey is a 45 y.o. male.; HPI Mr. Dempsey is a 45-y/o WM with a history of necrotizing pancreatitis who underwent multiple debridements. He has been in an LTAC and is improving gradually. He has been eating about 30-60% of his  
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.

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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;  
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.";

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.;" MRCP ordered to better assess pancreas/anatomy for surgery planning.

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.;" &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Abnormal ultrasound, Showed liver lesion

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.;" HAD OPEN EBD /FOUND LARGE MASS BEFORES URGERY IS SCHEDULED WANTED TO GET ACTUAL SIZE CT IS NOT APPROIATE

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" we find that she has a large probable duplication cyst of the stomach. This extends all the way from the antrum to the lower part of the esophagus. The cyst is fairly large in some areas. Certainly, there is enough here to explain some of her symptoms suc

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.;" Pain bruising, swelling upon the port sight.

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."; 1.1 cm right adrenal lesion seen on PET scan

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.;

Both legs show brownish discoloration of the skin, with mild-to-moderate edema. The patient had a coronary artery bypass with vein harvest of the left leg in 2010. He has also has a previous fracture of the right tibia at the age of 20 that required skin ; This study is being ordered for Vascular Disease.; Onset has been gradual for years, with symptoms increasing within the last 2 years.; There has been treatment or conservative therapy.; Leg cramping and burning, difficulty walking, muscle fatigue, loss of hair on lower extremities, muscle pain, and numbness.; Patient takes aspirin and meloxicam for inflammation and pain. Self-care measures include foot care.

Patient has no palpable right femoral pulse, a palpable left femoral pulse with mild bruit, and no palpable pedal pulses.; This study is being ordered for Vascular Disease.; Onset has been gradual for years; There has been treatment or conservative therapy.; Leg cramping, difficulty walking, fatigue, and pain; Patient quit smoking, takes aspirin, exercises at home, and rests.

Yes, this is a request for CT Angiography of the abdominal arteries.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; 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.



known breast cancer; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

Patient has multiple abnormal areas in both breasts, chronic nipple discharge in the right breast, and a palpable right breast mass.; 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.

results of ultra sound: findings are noted bilaterally related to dilated ductal tissue and development of cysts. additionally the patient does have persistent discharge and bilateral breast pain. Recommend MRI for further assessment; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

This is a new DX.; 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.

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).

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.

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.

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. 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.

will fax; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

This is a request for Parathyroid SPECT imaging.; parathyroid hormone is significantly elevated. Neck ultrasound images and reports are reviewed and are unrevealing ; This study is being ordered for a metastatic disease.; There are 2 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 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.

; 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; 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.

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.

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.

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.

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.

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.; 1 PET Scans has already been performed on this patient for this cancer. 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.

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.

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.

ABDOMINAL PAIN, EPIGASTRIC IN NATURE, NAUSEA, LOW GRADE FEVER, JAUNDICE, ULTRASOUND SHOWED STONES, HAD CT SCAN WHICH DEMONSTRATED WHAT SEEMED TO BE A THICKENED GALLBLADDER, BUT NO DEFINITE DILATATION, BUT ALSO NOTED A 17 cm SPLEEN, HE WAS EBV POSITIVE. MR; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Patient had an abnormal intra-operative cholangiogram. MRCP was recommended.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

the patient had ct scan already on hospital stay and it showed abnormal results.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

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.

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."; MRCP ordered to better assess pancreas/anatomy for surgery planning.

Yes, this is a request for CT Angiography of the Neck.

; 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.

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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Patient has a lung mass that was discovered by her PCP. A chest xray has already been done. A CT is required to further evaluate the extent of the patient's condition.; 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.

Radiology Services Denied Not Medically Necessary

Previous imaging found a liver 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.; 06/13/2016; There has been treatment or conservative therapy.; Abdominal pain, back pain, rib pain; Imaging and medication  
compression fracture shown on x-ray; This study is being ordered for trauma or injury.; 04/14/2016; There has not been any treatment or conservative therapy.; Pain and fractures

Radiology Services Denied Not Medically Necessary

Previous imaging found a liver 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.; 06/13/2016; There has been treatment or conservative therapy.; Abdominal pain, back pain, rib pain; Imaging and medication  
compression fracture shown on x-ray; This study is being ordered for trauma or injury.; 04/14/2016; There has not been any treatment or conservative therapy.; Pain and fractures

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

pain radiates to hips and pt has had cortisone injections; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Previous imaging found a liver 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.; 06/13/2016; There has been treatment or conservative therapy.; Abdominal pain, back pain, rib pain; Imaging and medication

Radiology Services Denied Not Medically Necessary  
Radiology Services Denied Not Medically Necessary

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;  
This is a request for CT Angiography of the Abdomen and Pelvis.  
; 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.

Radiology Services Denied Not Medically Necessary

Abdominal bulge over last several years and getting bigger in size and more pain. CT to rule out 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.; It is unknown if the patient had an Amylase or Lipase lab test.

Radiology Services Denied Not Medically Necessary

Lymphadenopathy, enlarged lymph nodes not responding to antibiotics.; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

provider requesting CT scan for further eval, procedure being requested by general surgeon; This is a 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.

Radiology Services Denied Not Medically Necessary

Pt saw PCP and thought to have a abd. hernia. Was referred to General surgeon. Upon exam, pt. had rebound pain and swelling in abdominal area. Dr. Bell ordered CT to determine hernia VS. 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.

Radiology Services Denied Not Medically Necessary

Pt suffering diarrhea, heartburn, ulcer and hernia for 12 days.; 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.

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 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.

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.; It is not known if there is 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; lymphedema and abdominal detention.

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

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;

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 BILAT UPPER QUAD AND NAUSEA GRAETER THAN ONE MONTH

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has abdominal pain.

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 a sudden weight gain.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt is having bilateral pelvic and groin pain MDO is wanting to r/o incarcerated hernia.

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; upper gastric pain on left side nausea and vomiting diarrhea

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; Abnormal labs states see icd 10 code. Checking to see if spleen is enlarged.



Radiology Services Denied Not Medically Necessary  
Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases  
Yes, this is a request for CT Angiography of the abdominal arteries.  
pre treatment for a known breast 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.

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).

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.

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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

Enter answer here - or Type In Unknown If No Info &#x0D; PATIENT HAVE SOFFT TISSUE MASS/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.; It is not known if the ordering physician is a hematologist/ oncologist.

METASTATIC ADRENAL MASS. R/O LUNG CANCER AS A PRIMARY CAUSE.; 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.

Patient has COPD and ground glass appearing opacities found in upper lobes on CT done Jan 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.

results from CT performed on 4/15/2016: IMPRESSION: 1. Evidence of prior mid femoral resection and interconnecting reconstruction is seen. This compatible with patient's history of surgical treatment for Ewing's sarcoma. No definite evidence of; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Post-operative Evaluation

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.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

Enter answer here - or Type In Unknown If No Info PATIENT HAVE SOFFT TISSUE MASS/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.; It is not known if the ordering physician is a hematologist/ oncologist.

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; &lt;Enter Additional Clinical Information&gt;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

post chemo therapy to evaluate response to treatment; post chemo therapy to evaluate response to treatment; 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.; No, this is not a confirmed breast cancer.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; 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.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.

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.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

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.

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.

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.

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.

Radiology Services Denied Not Medically Necessary

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; difficulty sleeping

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; difficulty sleeping  
Yes, this is a request for CT Angiography of the Neck.

"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 cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. parasternal chest wall pain&#x0D; sternum is painful; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Patient with invasive squamous cell carcinoma of the esophagus moderately differentiated with invasion into the lamina propria. &#x0D; CT performed 3/9/2016: IMPRESSION:&#x0D; 1. Interval removal of staples from the abdominal wall incision with&#x0D; minimal stranding 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

Study is for Ascending aortic aneurysm which 4.2 CM and a pulmonary nodule.; 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.; There is a known or suspected coarctation of the aorta.; Yes, this is a request for a Chest CT Angiography.

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?

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.

Patient with invasive squamous cell carcinoma of the esophagus moderately differentiated with invasion into the lamina propria. CT performed 3/9/2016: IMPRESSION: 1. Interval removal of staples from the abdominal wall incision with minimal stranding; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

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.; &lt;Additional Clinical Information&gt;; No, the examination is not for noninvasive coronary arterial mapping. Yes, this is a request for CT Angiography of the abdominal arteries.

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.

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.



Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 01/2016; There has been treatment or conservative therapy.; pain & hard to walk; medications

Radiology Services Denied Not Medically Necessary

Pt has osteoarthritis in both knees, + McMurrays and + Thessaly; This study is 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 2016; There has been treatment or conservative therapy.; knee pain, leg swelling; pain medication and knee injections.

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.

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.  
; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.  
; 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 study is 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 reported issues on visit dates 05/05/2016 and has continued. Last visit was Friday, May 20, 2016. Complaint remains the same.; There has not been any treatment or conservative therapy.; numbness in left arm, TIA&#x0D; Radiculopathy in the cervical region

61 y/o male woke up about 3 weeks ago with right arm weakness and speech difficulty; 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

patient has history of rectal cancer. presents with headache and vision changes. Rule out metastasis; 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.

patient passing out and falling. Weakness on left side.; 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  
Pt has had new daily headache with 3 nose bleeds in the past month.; 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.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for recent head trauma or injury.

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.

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."; The study is requested for headache.

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.

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.

VERTIGO STARTED ABOUT A WEEK AGO; 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

"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct" Tinnitus, pulsatile&#x0D; Please rule out right superior semicircular canal dehiscence; This study is being ordered for a metastatic disease.; There are 2 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 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"

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Assessment Notes : 43 year old female with:&#x0D; &#x0D; 1. Multiple thyroid nodules.&#x0D; 2. Dysphagia.&#x0D; 3. Globus sensation.&#x0D; 4. Deviated nasal septum. &#x0D; &#x0D; Plan Notes : Flexible laryngoscopy was performed in the office today. Her true vocal cord mobility was normal b; This study is being ordered for Inflammatory/ Infectious Disease.; 43 year old female referred by Dr. Hood for thyroid nodule. Pt reports that over the last month and a half she has felt like there was a lump in her throat that has been constant since then. She describes it as a pressure sensation in her throat. She was ; There has not been any treatment or conservative therapy.; Assessment Notes : 43 year old female with:&#x0D; &#x0D; 1. Multiple thyroid nodules.&#x0D; 2. Dysphagia.&#x0D; 3. Globus sensation.&#x0D; 4. Deviated nasal septum. &#x0D; &#x0D; Plan Notes : Flexible laryngoscopy was performed in the office today. Her true vocal cord mobility was normal b

Mr. Borecky has an acute sinus infection not responding to current antibiotic treatment and severe neck pain; This study is being ordered for Inflammatory/ Infectious Disease.; April 20th, 2016; There has been treatment or conservative therapy.; Bilateral pain in jaw line, ears, and neck. Swelling and lymphadenitis.; Mr. Borecky was treated for lymphadenitis with antibiotics.

This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.

This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.

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)

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)

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)  
; 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.

Assessment Notes : 43 year old female with: 1. Multiple thyroid nodules; 2. Dysphagia; 3. Globus sensation; 4. Deviated nasal septum. Plan Notes : Flexible laryngoscopy was performed in the office today. Her true vocal cord mobility was normal b; This study is being ordered for Inflammatory/ Infectious Disease.; 43 year old female referred by Dr. Hood for thyroid nodule. Pt reports that over the last month and a half she has felt like there was a lump in her throat that has been constant since then. She describes it as a pressure sensation in her throat. She was ; There has not been any treatment or conservative therapy.; Assessment Notes : 43 year old female with: 1. Multiple thyroid nodules; 2. Dysphagia; 3. Globus sensation; 4. Deviated nasal septum. Plan Notes : Flexible laryngoscopy was performed in the office today. Her true vocal cord mobility was normal b

Mr. Borecky has an acute sinus infection not responding to current antibiotic treatment and severe neck pain; This study is being ordered for Inflammatory/ Infectious Disease.; April 20th, 2016; There has been treatment or conservative therapy.; Bilateral pain in jaw line, ears, and neck. Swelling and lymphadenitis.; Mr. Borecky was treated for lymphadenitis with antibiotics.

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 has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are new or changing symptoms in the neck.

This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.

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.

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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Yes, this is a request for CT Angiography of the brain.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Yes, this is a request for CT Angiography of the 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 not been performed on the member in the past 3 months.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3/1/2016; There has not been any treatment or conservative therapy.; mbr has leg and arm numbness and difficult walking

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; complains of point tenderness around the tibial plateau, complains of headaches and spasticity of musculature. She reports that she has had changes in vision as well. This is a transient issue which has occurred first approximately 15 years ago. She reports; It is not known if there has been any treatment or conservative therapy.;

3/18/16 pt blacked out for 2 hours and has had a headache every morning since; hurts in temples, forehead and around eyes. He has an appt with neurology in 2 days. memory impairment since childhood after encephalitis; 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).

NEUROCYSTICERCOSIS,PENDING CYSTERCICOSIS.O&P ORDERED; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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. PT IS HAVING BLURRED VISION AND N/V AND HEADACHES. HX OF NECK SURGERY WITH A CEREBRAL SPINE FLUID LEAK.; 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.

Therefore start her on Keppra. We'll check an EEG and brain MRI. She does not drive. Seizure frequency may have worsened because of sleep deprivation either because of sleep apnea and/or night terrors. &#x0D; &#x0D; Cerebral aneurysm (I67.1).&#x0D; Impression&#x0D; I don't; This study is being ordered for a neurological disorder.; 10 year history of migraine headaches and 13 year history of seizures; There has been treatment or conservative therapy.; blurred vision, nausea, performance changes, phonophobia, photophobia, scintillations and visual aura. &#x0D; &#x0D; altered level of consciousness, staring, tongue biting and unresponsiveness. Pertinent negatives include aura, automatic behaviors and focal neurology; Maxalt for migraines and Phenytoin for seizures

This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.

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 patient did not have a normal audiogram.; The patient is experiencing hearing loss.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.

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.

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 recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.



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).

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.

This request is for a Brain MRI; The study is NOT being requested 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.

This request is for a Brain MRI; The study is NOT being requested 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.

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.

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.

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.

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.

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.

"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.

"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.

; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for 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.

; 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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. etiology of the lymph node enlargement here -; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Evaluate patient for 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.

Follow up of PNU to see if PNU might have covered a mass.; 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.

follow up on pulmonary nodule to see if it is stable or changed; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

on 2 of the PA films the 11th rib seems slightly wider than the other ribs. We'll have this reviewed by radiology; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Patient had abnormal chest xray, radiologist recommended chest 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.

serious stage liver disease, lesion small wit hepatocellular cancer ,cardiac 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.

STAGE IV COLON CANCER WITH METATASIS TO LUNGS, LIVER, AND BONES. PT WITH HEMOPTYSIS TODAY. LAST CT SCAN OF CHEST ON 03-09-16 REVEALS AT LEAST THREE LESIONS IN RIGHT LUNG AND ONE IN LEFT LUNG UNCHANGED FROM PREVIOUS SCAN AND RIGHT HILAR NODE MEASURING 2.3; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

THE PATIENT HAD AN ELIVATED WHITE BLOOD CELL COUNT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/30/2016; There has been treatment or conservative therapy.; UNEXPLAINED WEIGHT LOSS AND RIGHT AND LEFT UPPER QUADRANT PAIN. THE PATIENT IS ALSO PRESENT WITH SHORTNESS OF BREATH; OVER THE COUNTER TREATMENT FOR THE NAUSEA AND INHALER FOR THE SOB

There is a 8 mm nodule in the left mid-upper lung which may represent a benign calcified granuloma but is indeterminate. A follow-up chest CT is recommended in order to further characterize this 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.

There is a mild right hilar prominence which could represent possible adenopathy or underlying vascularity.; "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.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; patient's had non-productive cough since 4/26/16.has been given z-pak, tessalon pearls. chest x-ray done 5/3/16 was normal. patients states cough so bad she thought she had cracked a rib.; "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.

This is a new problem. The current episode started more than 1 week ago. The problem occurs constantly. The problem has not changed since onset. Pertinent negatives include no chest pain, no abdominal pain, no headaches and no shortness of breath. The symp; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

Xray Chest 3 to 4 cm MASS in sternum; "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.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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.

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.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 3/1/2016; There has not been any treatment or conservative therapy.; mbr has leg and arm numbness and difficult walking ; 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 EXPERIENCING WEAKNESS IN UPPER EXTREMITIES. HE IS DROPPING THINGS,NOW. HAS COMPLETED AND FAILED PHYSICAL THERAPY; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 study is being ordered for something other than: known 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 arm weakness and fatigue, neck pain, spinalstenosis, suspected herniated disc. xrays negative for fracture.; 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 arm weakness and fatigue, neck pain, spinalstenosis, suspected herniated disc. xrays negative for fracture.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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.

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.



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.

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.

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?

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.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

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.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; pain her neck and all the way down her arms and numbness and tingling

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.; Plain view x-rays have been completed on 05/12/16 that showed extensive arthritic change in the c-3 through c-7 with fusion of the anterior and longitudinal ligament

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.; right neck pain & muscle spasm, history of radiation to 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 not been performed on the member in the past 3 months.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 study is being ordered for a neurological disorder.; 7/22/2015; There has been treatment or conservative therapy.; bilateral leg weakness with back pain and decreased strength; Patient had ACDF AND T-12 to L1 decompression. physical therapy and steroid injections

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.; Pt has had ER visits due to pain. Reports showing wedging of t-spine. pain medication not affecting pain and symptoms

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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

; The study 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 complains of low back pain. The discomfort is most prominent in the lower lumbar spine. This radiates to the buttocks, posterior thighs, and right calf. He characterizes it as constant, severe, throbbing, and burning. This is a chronic problem; The patient does not have new signs or symptoms of 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 study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 study is being ordered for a neurological disorder.; 7/22/2015; There has been treatment or conservative therapy.; bilateral leg weakness with back pain and decreased strength; Patient had ACDF AND T-12 to L1 decompression. physical therapy and steroid 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.; ; There has been treatment or conservative therapy.;

History of Diabetes and history of cancer in 3 different parts of the body. X-rays negative for dislocation and fracture. Chronic pain and instability in hip and lower back; This study is being ordered for trauma or injury.; 05/01/2016; There has been treatment or conservative therapy.; Low back pain with radiculopathy into the left lower extremity. No known injury. NSAID's without improvement. X-ray negative for fracture or dislocation.; Left hip pain with popping, catching and instability. No injury. X-ray negative for fracture ; NSAID'S Pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Patient has been experiencing weakness in legs, and radiculopathy for several months and it continues to get worse. It is difficult to walk, work, sit and bend. Kemp's was positive on Left, Straight leg raiser was positive on Left, and Well Leg raiser w; 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 found in the lower posterior compartment of legs, primarily on the left side. Leg raises difficult, walking difficult; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

patient has had 2 back surgeries and treatment and still having chronic pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

SCIATICA PAIN TIME 2 MONTHS, POSTIVE STRIGHT LEG RAISING, ABNORMAL XRAY OF L SPINE.; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above  
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.

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.

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?

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.

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

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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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.; 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.

We need to know if the patient has a muscle tear and in order to rule this out we have to have an 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.; Unknown; There has been treatment or conservative therapy.; left hip pain, low back pain; NSAIDs, xrays

xrays taken on April 20th was normal. Patient has history of cancer.; 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 with symptoms of numbness and tingling down both lower extremities.Spondylosis suspected.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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. BICORNUATE UTERUS,ARCUATE UTERUS,IRREGULAR VAG BLEEDING,ABD PAIN,DYSFUNCTIONAL UTERINE BLEEDING,SEPTATE UTERUS; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Known Stage IIIA endometrioid adenocarcinoma of the uterus. Visit on 05/25/16 had patient noting new groin pain and doctor able to palpate a mass that is 2cm in dimension and firm at the left lateral margin of the pubic symphysis.; 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.

MRI pelvis to evaluate right SI joint to ensure no AVN or other abnormality. Pt. has had pain x 3 years. She has had physical therapy and pain management. She has taken mobic and pain medication.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

s. Gage is here nine weeks after injection of the left greater trochanter bursa and physical therapy. She is still having pain in her groin and the pain radiates down to her lower extremities. On physical exam she has pain in groin bilaterally with flexi; 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.

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. This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?



This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

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.

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.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 3/2/2016; There has been treatment or conservative therapy.; mbr has pain in neck and shoulder with arm weakness; PT and medication Nsaids

; 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.

PROVIDER WOULD LIKE TO REFER PATIENT TO AN ORTHOPEDIC BUT WE ARE NEEDING RADIOLOGY STUDIES DONE BEFORE REFERRING 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.; 06/8/16; There has not been any treatment or conservative therapy.; PAIN IN BILATERAL WRISTS, WORSE PAIN IN THE RIGHT WRIST WITH NUMBING AND WEAKNESS PT ALSO STATES USING A WRIST BRACE WITHOUT IMPROVEMENT.

The pain is worse with attempt to elevate the shoulder and is interfering with her ability to dress in the morning. She denies radiation of pain. She does the complain of occasional paresthesias in the fingers. She has no significant history of cervical p; 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.; naproxen; The patient received medication other than joint injections(s) or oral analgesics.

the patient is now two months after left shoulder arthroscopy. She returns still complaining move shoulder pain. She indicates that area anterior early located over the rotator cuff insertion. She denies radiation of pain numbness tingling by complains of; 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.

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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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 presents for continued left shoulder pain. She has had a slight decrease in sharp shooting pain but still has constant aching pain. Pain is worse with any ROM and is affecting her ADLS. She is still not sure of a specific injury.

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

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.

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.

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 documented findings of swelling.; The ordering physician is not an orthopedist.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.

The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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.

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.

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.

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.

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. This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.

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.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

I JUST PUT EVERYTHING IN THE QUESTION BEFORE THIS ONE! SHE HAS A MENISCUS TEAR AND DOCTOR WOULD LIKE MRI TO CONFIRM THAT AND PLAN TREATMENT. XRAYS NEGATIVE!; 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 HAD PREVIOUS SURGERY TO THAT KNEE IN 2013 ACL AND MENISCUS SURGERY SHE DID PHYSICAL THERAPY AFTER THAT AND TRIED TO DO THE SAME HOME EXERCISES AFTER THIS 2015 INJURY BUT IT WAS DIFFICULT DUE TO LOCKING THEN SHE WAS PREGNANT AND COULDN'T HAVE A MRI O; NSAIDS, TYLENOL MOTRIN; The patient received medication other than joint injections(s) or oral analgesics.

Left ankle significant ttp lateral malleolus, pain with walking, left leg, mild ttp left IT band.; This study is being ordered for trauma or injury.; 5/23/16; There has been treatment or conservative therapy.; Thinks he may have tweaked his ankle a couple of weeks ago, but now hurting worse. Hurts to walk on it.; Tylenol, ibuprofen and HEP and rest.

left knee pain with suspected internal derangement. Patient doesn't recall how she injured it only that it started hurting with sudden pain 2-3 weeks ago. She went to the ER where x-rays were taken and she was told she had no cartilage in her knee. X-rays; 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.

Patient is a 24-year-old female who presents to our clinic with her mother with complaints of painful right big toe joint. She relates a sudden onset of pain without traumatic injury. She states that the pain worsened when she was trying to stretch her ; 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.

Patient returns our clinic today for evaluation of plantar fasciitis bilateral. She relates 80% improvement in the right foot and near complete resolution. She states that the left foot continues to be painful, she relates a painful bump in the center o; 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.

Pt had MRI on 8/17/15 that showed Lateral meniscus tear. Knee is unstable and pain worsens with use.; 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.

right knee pain with big hematoma, lateral tibial plateau fracture with internal derangement. probable need for surgery after MRI.; 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.

right knee pain with effusion and instability. Patient slipped while getting off a boat on 5/21/2016.; 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.

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.



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.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

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; Limited range of motion

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

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.

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.

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

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

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days

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

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

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

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?

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.

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?

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 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.

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.

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.

History of Diabetes and history of cancer in 3 different parts of the body. X-rays negative for dislocation and fracture. Chronic pain and instability in hip and lower back; This study is being ordered for trauma or injury.; 05/01/2016; There has been treatment or conservative therapy.; Low back pain with radiculopathy into the left lower extremity. No known injury. NSAID's without improvement. X-ray negative for fracture or dislocation.;&#x0D; &#x0D; Left hip pain with popping, catching and instability. No injury. X-ray negative for fracture ; NSAID'S

patient having increased bilateral hip pain with decreased range of motion, can not sleep on side due to pain, having difficulty ambulating , fall risk, trouble sitting for long periods of time, conservative measures include ROM exercises, alternating heat; This study is being ordered for a neurological disorder.; approx the first of the year; There has been treatment or conservative therapy.; right hip exhibits decreased range of motion, left hip exhibits decreased range of motion can not sleep on her side due to pain, fall risk; conservative measures include rest, ROM exercises, alternating heat and ice to affected areas, pain medication, muscle relaxer and anti inflammatory, celebrex,steroids

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.

This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.

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.

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.

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.

We need to know if the patient has a muscle tear and in order to rule this out we have to have an 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.; Unknown; There has been treatment or conservative therapy.; left hip pain, low back pain; NSAIDs, xrays

; 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

AFP Level is elevated. The pt has hepatitis C; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA > 10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.

Mesenteric lymph nodes, hazy density (possible mass) and splenomegaly. Radiologist recommended f/u CT abdomen due to abnormalities seen on Chest CT; 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.

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.

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.

; This is a 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

diarrhea and Nausea, cramping in ABD; This is a 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.

Patient has had constant abdominal pain and diarrhea. It has not been relieved by anything that she had tried including diet change.; This is a 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.

pt with symptoms of renal stone. Ultrasound would be a waste of time. Needs CT; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.

STAGE IV COLON CANCER WITH METATASIS TO LUNGS, LIVER, AND BONES. PT WITH HEMOPTYSIS TODAY. LAST CT SCAN OF CHEST ON 03-09-16 REVEALS AT LEAST THREE LESIONS IN RIGHT LUNG AND ONE IN LEFT LUNG UNCHANGED FROM PREVIOUS SCAN AND RIGHT HILAR NODE MEASURING 2.3; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

THE PATIENT HAD A ELIVATED WHITE BLOOD CELL COUNT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/30/2016; There has been treatment or conservative therapy.; UNEXPLAINED WEIGHT LOSS AND RIGHT AND LEFT UPPER QUADRANT PAIN. THE PATIENT IS ALSO PRESENT WITH SHORTNESS OF BREATH; OVER THE COUNTER TREATMENT FOR THE NAUSEA AND INHALER FOR THE SOB

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.

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.

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.

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

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.



This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Lymphadenopathy.; Other

This is 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 an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; LEFT UPPER AND LOWER QUADRANT PAIN,PAIN RADIATION TO BACK,PAIN IS BURNING,BLOATING,ABD TENDERNESS,SPLenic ENLARGEMENT PRESENT,SPLENOMEGALY,ABNORMAL RDW.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; persistent abnormal liver function test and new onset ascites.

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

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

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.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor

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

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; n/a

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; eval for recurrence of appendix cancer

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; &lt;Enter Additional Clinical Information&gt;

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

&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.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;

Mass seen on adrenal gland on previous CT from September 2015; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.

PATIENT NEEDS AN MRI ABDOMEN/PELVIS FOUND TO HAVE 3 HEPATIC CYSTS ON LIVER ON CT SCAN FURTHER EVALUATION NEEDED; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

serious stage liver disease, lesion small wit hepatocellular cancer ,cardiac 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.

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 LFTS,R/O

CHOLEDOCHOLITHIASIS,CHOLELITHIASIS,CHOLECYSTITIS,MID BACK PAIN,NAUSEA,VOMITING,HEPATIC STENOSIS,DISTENDED GALL BLADDER.

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."; STARTING HIS RADIATION THERAPY

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.";

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.; BIBORNUATE UTERUS, ARCUATE UTERUS, IRREGULAR VAGINAL BLEEDING, POSTCOITAL BLEEDING, LEFT LOWER QUAD PAIN, ABD PAIN, SEPTATE UTERUS

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; &lt;Additional Clinical Information&gt;  
Yes, this is a request for CT Angiography of the abdominal arteries.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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 with large right breast cancer in need of imaging.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

will fax clinical info; 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No for shortness of breath and has trouble walking; medications

; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;

43 year old male with hypertension, chest pain, dizziness, syncope and collapse, and hyperlipidemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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

DOT physical requirements and has established CAD; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient was evaluated by cardiology for chest pain, stated that this test is needed to further evaluate his chief complaint, so that we can form a more effective treatment plan for this patient. Patient has been complaining of chest pain for the last few; 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).

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).

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).

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.

This is 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  
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.



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 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 evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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.

Patient with large right breast cancer in need of imaging.; This study is being ordered for a metastatic disease.; There are 2 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; 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.

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.

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.

Evaluate patient for 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.

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.

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.; It is unknown how many PET Scans have already been performed on this patient for this cancer.

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.

; This study is 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 - chest pain and shortness of breath; medications

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No for shortness of breath and has trouble walking; medications

; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;

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.

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.

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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.

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.

follow up due to chromes disease; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

; 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.

Patient has history of migraine headaches. Was taking Topamax, but this caused blurry vision so the patient discontinued the medication himself.; 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.

patient is having visual disturbances with 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.

Radiology Services Denied Not Medically Necessary

vertigo associated with nausea; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

Radiology Services Denied Not Medically Necessary

Nasal Congestion 24 year old female referred by physician assistant, Ms. Jones, from Rogers Community Clinic, for chronic nasal congestion. Pt reports over the last 4 months she has had persistent bilateral nasal congestion. She has tried nasal steroid 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 (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

Radiology Services Denied Not Medically Necessary

neck pain, neck stiffness, limited movement of head; "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

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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

It is not known if there is radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; productive cough, dyspnea, no fever or chills. pt given z-pak and tessalon perles chest x-ray done results unknown at this time; "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.

Radiology Services Denied Not Medically Necessary

multiple lung nodules surveillance. last chest ct on October 5, 2015; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Radiology Services Denied Not Medically Necessary

Pt has long history of marijuana use greater than 40 years. Has recurrent lung infections that is being treated with high dose antibiotics.; 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.

Radiology Services Denied Not Medically Necessary

Patient is having lymphadenopathy and the study is being requested by an ENT.; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; back pain radiating to the legs; surgery

Radiology Services Denied Not Medically Necessary

The provider requested a CT; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; back pain radiating to the legs; surgery

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&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.; 4/20/2015; There has been treatment or conservative therapy.; MBR has pain in back and going to the legs and the neck and arms; PT and medication

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 3/2/2016; There has been treatment or conservative therapy.; mbr has pain in neck and shoulder with arm weakness; PT and medication  
Nsaid

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/04/2015; There has been treatment or conservative therapy.; LOER BACK PAIN RADIATING TO NECK, PT STATES MEDICATIONS ARE NOT WORKING; PT WAS GIVEN MOBIC AND ZANAFLEX WITHOUT IMPROVEMENT

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; complains of point tenderness around the tibial plateau, complains of headaches and spasticity of musculature. She reports that she has had changes in vision as well. This is a transient issue which has occurred first approximately 15 years ago. She repor; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is 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 reported issues on visit dates 05/05/2016 and has continued. Last visit was Friday, May 20, 2016. Complaint remains the same.; There has not been any treatment or conservative therapy.; numbness in left arm, TIA&#x0D; Radiculopathy in the cervical region

Radiology Services Denied Not Medically Necessary

Chronic bilateral thoracic back 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.

Radiology Services Denied Not Medically Necessary

fax; 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.

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.; 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.;

Radiology Services Denied Not Medically Necessary

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 than once for these symptoms.

Radiology Services Denied Not Medically Necessary

Requesting imaging to get better understanding about what is causing pain and numbness; This study is 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 a year ago, progressively worse; There has been treatment or conservative therapy.; low back and neck pain radiating down both hips and legs; Physical therapy and pain management

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."; MOTOT VEHICLE ACCIDENT 05/05/2016

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."; Seen 6/7 after an ATV accident and thoracic spine plain film was normal. He was treated with flexeril without 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 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.

Radiology Services Denied Not Medically Necessary



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 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?

Radiology Services Denied Not Medically Necessary

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.; mass noted on thoracic spine increasing size since first noted, 3 months ago, pt suffers from back pain due the the swelling

Radiology Services Denied Not Medically Necessary

Traditional therapy - medication and physical therapy is not helping and the patient's pain is only getting worse. Need to find out the root cause of the problem in order to find an effective treatment.; This study is being ordered for trauma or injury.; 05/02/2016; There has been treatment or conservative therapy.; Low back pain which radiates to the left buttock and left foot.; Clyclobenzaprine HCL 10mg, Hydrocodone/Acetaminophen 10mg/325mg, Indomethacin 50mg, Meloxicam 15mg, Physical Therapy, moist heat and home back strengthening exercises.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study 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 the left side 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.

Radiology Services Denied Not Medically Necessary

&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.; 4/20/2015; There has been treatment or conservative therapy.; MBR has pain in back and going to the legs and the neck and arms; PT and medication

Radiology Services Denied Not Medically Necessary

. Positive for back pain, arthralgias and neck pain. Positive for numbness (right anterior tibial area.); The study 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.

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 than once for these symptoms.

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.; 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.

Radiology Services Denied Not Medically Necessary

; 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 than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.

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

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/04/2015; There has been treatment or conservative therapy.; LOER BACK PAIN RADIATING TO NECK, PT STATES MEDICATIONS ARE NOT WORKING; PT WAS GIVEN MOBIC AND ZANAFLEX WITHOUT IMPROVEMENT

Radiology Services Denied Not Medically Necessary

; This study is 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 or so ago; There has been treatment or conservative therapy.; left hip pain and lumbar pain, xrays are negative; Nsaids for over 6 weeks to no avail, pain is getting worse

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; WAS SEEN FOR THIS ON 4-5-16 , BUT HAD REPORTED PAIN FOR WEEKS PRIOR , HAD USED ICE, HEAT NSAIDS , AND IT WAS ONLY GETTING WORSE.; There has been treatment or conservative therapy.; LUMBAR PAIN, HIP PAIN WITH RADICULOPATHY TO RIGHT LEG; NSAIDS, ICE HEAT STRETCHING

Radiology Services Denied Not Medically Necessary

Chronic lower back pain 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

Radiology Services Denied Not Medically Necessary

Correlation with a true lumbar spine series views or CT or MRI of the lumbar spine may be of value in the appropriate clinical setting. X-Ray Findings: The lateral radiograph is nondiagnostic. Skeletal images are not visible, so skeletal; The study 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.

Radiology Services Denied Not Medically Necessary

moderate to severe symptoms don't improve worsen when bending; 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 than once for these symptoms.

Radiology Services Denied Not Medically Necessary

Pt had X-ray of lumbar after accident with no abnormal findings, yet c/o back pain. MRI requested for further investigation of pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Pt has low back pain with weakness and restricted motion radiating to 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.; Left leg shacking, with radiculopathy to left leg and buttock.; 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.

Radiology Services Denied Not Medically Necessary

Requesting imaging to get better understanding about what is causing pain and numbness; This study is 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 a year ago, progressively worse; There has been treatment or conservative therapy.; low back and neck pain radiating down both hips and legs; Physical therapy and pain management

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

Radiology Services Denied Not Medically Necessary

Traditional therapy - medication and physical therapy is not helping and the patient's pain is only getting worse. Need to find out the root cause of the problem in order to find an effective treatment.; This study is being ordered for trauma or injury.; 05/02/2016; There has been treatment or conservative therapy.; Low back pain which radiates to the left buttock and left foot.; Cyclobenzaprine HCL 10mg, Hydrocodone/Acetaminophen 10mg/325mg, Indomethacin 50mg, Meloxicam 15mg, Physical Therapy, moist heat and home back strengthening exercises.

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

Radiology Services Denied Not Medically Necessary

PATIENT NEEDS AN MRI ABDOMEN/PELVIS FOUND TO HAVE 3 HEPATIC CYSTS ON LIVER ON CT SCAN FURTHER EVALUATION NEEDED; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 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.

Radiology Services Denied Not Medically Necessary

Patient is having pain and weakness in the left shoulder. Steroid injection did not help; 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.

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.";

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."; States she fell yesterday approximately 3 feet onto concrete and landed onto her left knee back in February. She is having left knee, shoulder and wrist pain &#x0D; &#x0D; She is still complaining of left shoulder pain that has worsened. She was first seen for thi

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 at this time

Radiology Services Denied Not Medically Necessary

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 picked up a pig and felt a sharp pain in her shoulder at the joint that radiates up the neck and throughout the right extremity she has used heat ibuprofen and steroids without relief.

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.; right shoulder pain for the past year after a cow ran into him.

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.

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.; 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 not directed a home exercise program for at least 6 weeks.; medrol dose pak &#x0D; naproxen &#x0D; hydrocodone; The patient received medication other than joint injections(s) or oral analgesics.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

Expand All Collapse All &#x0D; &#x0D; Patient said the cyst on her knee is growing and it hurts. You had told her before if it gave her problems you would refer to a surgeon to have it removed.; 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.

Radiology Services Denied Not Medically Necessary

Left ankle significant ttp lateral malleolus, pain with walking, left leg, mild ttp left IT band.; This study is being ordered for trauma or injury.; 5/23/16; There has been treatment or conservative therapy.; Thinks he may have tweaked his ankle a couple of weeks ago, but now hurting worse. Hurts to walk on it.; Tylenol, ibuprofen and HEP and rest.

Radiology Services Denied Not Medically Necessary

Patient fell from horse on 4/24/16, had x-rays and they were negative. Has been in a boot and given Ibuprofen 800 but is still symptomatic. He cannot walk without the boot and has a lot of pain on the lateral side of his ankle. His ankle is not swollen or; 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.

Radiology Services Denied Not Medically Necessary

Pt presents for continued pain and swelling to his right lateral ankle. He has been wearing his walking boot for 8 days and has had minimal to no relief of his pain. He wants to make sure his foot is not broken.; 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.

Radiology Services Denied Not Medically Necessary

; This study is 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 or so ago; There has been treatment or conservative therapy.; left hip pain and lumbar pain, xrays are negative; Nsaids for over 6 weeks to no avail, pain is getting worse

Radiology Services Denied Not Medically Necessary  
Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; WAS SEEN FOR THIS ON 4-5-16 , BUT HAD REPORTED PAIN FOR WEEKS PRIOR , HAD USED ICE, HEAT NSAIDS , AND IT WAS ONLY GETTING WORSE.; There has been treatment or conservative therapy.; LUMBAR PAIN, HIP PAIN WITH RADICULOPATHY TO RIGHT LEG; NSAIDS, ICE HEAT STRETCHING  
This is a request for CT Angiography of the Abdomen and Pelvis.

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.

Radiology Services Denied Not Medically Necessary

Pelvic and bilateral knee XRays negative. Will check some lab work to rule out Paget's disease with the elevated bone alk phos. Check calcium and phosphorous levels. With elevated intestinal enzyme will go ahead and get CT abd/pelvis as well. Follow-up on ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

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 origin of pain, need inside look to diagnose



Radiology Services Denied Not Medically Necessary  
Radiology Services Denied Not Medically Necessary

Tinnitus, pulsatile; Please rule out right superior semicircular canal dehiscence;  
This study is being ordered for a metastatic disease.; There are 2 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 Heart CT.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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

Radiology Services Denied Not Medically Necessary

; The caller indicated that the study was not ordered for: Known or suspected  
coronary artery disease, post myocardial infarction evaluation, pre operative or post  
operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is  
between 45 and 64.; The patient has not had a stress echocardiogram within the past  
eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology  
Study).

Radiology Services Denied Not Medically Necessary

61 year old male with hyperlipidemia, hypertension, CAD, chest pain, and reflux.; This is 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 none; 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).

Radiology Services Denied Not Medically Necessary

PAIN IN CHEST; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

PATIENT C/O INTERMITTENT CHEST TIGHTNESS CENTRAL WITH OCCASSIONAL RADIATION IN THE LEFT ARM.; 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).

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Patient came to ER yesterday complaining of chest pain radiating into neck. Patient still having chest pain today. Patient needs stress test to evaluate cardiac function.; 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).

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.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.

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.

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.

Radiology Services Denied Not Medically Necessary

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.

"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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/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.

5MM LUNG NODULE 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.

6 mo 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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.

BLADDER 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.

Cancer follow up; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

EVALUATION OF 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.

HX testicular cancer 6 month screening for METS. Radical orchiectomy. Plural effusions on MRI in January and perienterse adema on MRI. FOLLOW UP; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.

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.

Patient has a suspicious renal mass. Exam is being done to better evaluate and 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.

Pre Op; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

prostate cancer c elevated PSA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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.

Pt underwent right nephrectomy for clear cell carcinoma on 9/10/15. Scan is being performed for routine surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Pt. have a history of 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.

The patient has a new diagnosis of prostate cancer. PSA 4.3 ng/ml and Gleason score 7. This study is being performed 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 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.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

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.

FECAL AND UINARY INCONTENICE; 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

pt recently had ct; mri lumbar/scrotal mri area needed to see what's going on; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

; 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.

elevated PSA and 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 NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.

PATIENT HAD A CT ABD/PEL W/WO CONTRAST ON 6/15/2016&#x0D; PATIENT WAS FOUND TO HAVE A PELVIC MASS. THE RADIOLOGIST RECOMMENDED THAT THE PATIENT HAVE A CT OF PELVIS W/IV CONTRAST, ORAL AND RECTAL CONTRAST AND A CT GUIDED BIOPSY OF THE PELVIS.; 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.

Patient had a ct scan on 1/8/2016 and NM bonescan on 1/14/2016 for 12mm suspicious lesion on the lytic crest w/ a hx of renal cell carcinoma. This ct scan has been ordered for surveillance.; 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.

PATIENT PRESENTS WITH RIGHT EPIDIDYMITIS ON SCROTAL ULTRASOUND ON 5/24. RED AND SWOLLEN SUPRAPUBIC AREA OF RIGHT SIDE.; 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.

possible perineal abscess; 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.

Suspected right inguinal hernia containing fat; 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.

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.



; 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.

Abnormalities in the kidney; 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.

KNOWN PROSTATE CANCER, TEST REQUESTED FOR STAGING KNOW MALIGNACY; This is a request for a Pelvis MRI.; The request is not for any of the listed indications. need to rule out cancer of the prostate due to elevated PSA.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Prostate Cancer; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Pt had prostate cancer and has scrotal mass glesson score of 6, 3+3. prolaris score was 1.4 and Pt has been diagnosed w/ BPH.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

Pt underwent right nephrectomy for clear cell carcinoma on 9/10/15. Scan is being performed for routine surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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

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.

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.

This is a request for CT Angiography of the Abdomen and Pelvis.  
Yes, this is a request for CT Angiography of the abdomen.

; 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.

; 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.

; 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.

; This is a 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.

; This study is being ordered for a metastatic disease.; There are 2 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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. Kidney stone&#x0D; N20.0: Calculus of kidney &#x0D; Flank pain&#x0D; R10.9: Unspecified abdominal 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.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.

6 mo 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.

bladder cancer, f/u for 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 not a hematologist/ oncologist.

Cancer follow up; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

family hx of Nephrolithiasis; 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.

HX testicular cancer 6 month screening for METS. Radical orchiectomy. Plural effusions on MRI in January and perienterose adema on MRI. FOLLOW UP; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

KIDNEY STONE; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.

KIDNEY STONES,MULTIPLE RENAL CYST 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.

LOW BACK 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.

Patient has a history of renal stones. Presents with flank pain and hematuria.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

Patient has a suspicious renal mass. Exam is being done to better evaluate and 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.

PATIENT HAS 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.; It is not known if the urinalysis results were normal or abnormal.

PATIENT HAS 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 abnormal.; The urinalysis was positive for protein.

Pre Op; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

prostate cancer c elevated PSA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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.

Pt. have a history of 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.

The patient has a new diagnosis of prostate cancer. PSA 4.3 ng/ml and Gleason score 7. This study is being performed 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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.

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.

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.; It is unknown if the patient had an 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 abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.

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 acute pain.; 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.; 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.

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

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; on physician physical examine in the clinical patient complain of penile edema.

This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

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 not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; &lt;Enter Additional Clinical Information&gt;

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 a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases

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.

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.



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.

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.

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

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; Post op follow up appointment Radical Prostatectomy Robotic

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

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

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.; Multiple UTI no Hematuria &#x0D; Pain

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; chronic back pain

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; CHRONIC URINARY TRACT INFECTIONS

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; CT DONE 4/15/16 SHOWS LESION OF LIVER, 2.1 CM LOW ATTENUATING LESION SUPERIOR ASPECT OF THE POSTERIOR SEGMENT OF THE RIGHT LOBE OF LIVER, RADIOLOGIST RECOMMENDED TRIPHASIC CT LIVER PROTOCOL FOR FURTHER EVALUATION. ALSO 5.7X5.6X4.7 HETEROGENOUS ENHANCING

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; horseshoe kidney , r/o obstruction

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; HYDRONEPHROSIS AND FLANK PAIN

This is 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 chronic uti's with cultures coming back positive. also having voiding issues such as retention, nocturia, double voiding and urgency and frequency...we need ct to evaluate upper tracts ..

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; plank pain and hydronaphrosis

This is 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 URINARY TRACT INFECTION

This is 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 kidney area pain, with swelling of hands and feet. Right hydronephrosis,

This is 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

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

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

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

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

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

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

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; It is not known if there is a palpable or observed abdominal mass.; UNKNOWN

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Pt has a h/x of bladder 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.

Unknown.; 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.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.

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.; A rectal exam was not performed.

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.";

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."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

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 cyst

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."; had a renal ultrasound, mass found in mid rt. kidney that is suspicious in size and density and new mass in lt. kidney

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; patient had CT which showed suspicious mass

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; RENAL 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."; "The patient has had an abdominal ultrasound, CT, or MR study."; renal mass

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Renal mass - Right renal mass 4.4.16, consistent with renal cell cancer, 12.3 cm.

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."; Returns after Renal US = 1.3cm right renal cyst; Also had CT with washout = 2.7cm right adrenal nodule with indeterminate washout values.; Negative metabolic workup (BMP, metanephrines, 24h urine cortisol); Pt has no new complaints - does remain anxious a

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."; Suspicious mass/cysts on CT tail of pancreas



This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; There is a cystic mass of the posterior upper pole of the L kidney

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

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; The patient has a 14mm indeterminate left renal mass that was diagnosed on a CT scan. Radiologist recommended an MRI to further characterize mass

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.  
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.

Radiology Services Denied Not Medically Necessary

bladder cancer, f/u for 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 not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

radicular 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.; 2/23/2016; There has not been any treatment or conservative therapy.; back pain

Radiology Services Denied Not Medically Necessary

Hx of kidney stone; rt flank pain; received a nerve block injection; sharp pain in groin; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient has testicular pain. We are ruling out a tethered nerve.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

radicular 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.; 2/23/2016; There has not been any treatment or conservative therapy.; back pain

Radiology Services Denied Not Medically Necessary

&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.

Radiology Services Denied Not Medically Necessary

&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.; 5/25/16; It is not known if there has been any treatment or conservative therapy.; aorta angiogram

Radiology Services Denied Not Medically Necessary

Pt is having pelvic and perennial pain and chronic prostatitis; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.

Radiology Services Denied Not Medically Necessary

This is a request for CT Angiography of the Abdomen and Pelvis.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Family hx of kidney stones 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.

Radiology Services Denied Not Medically Necessary

GLACATERIA; 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.

Radiology Services Denied Not Medically Necessary

imflammation; 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.

Radiology Services Denied Not Medically Necessary

INITIAL STAGING FOR PROSTATE CANCER; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.

Radiology Services Denied Not Medically Necessary

KIDNEY STONES; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.

Radiology Services Denied Not Medically Necessary

Nausea -frequency urination- HX of 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 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.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases

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

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;

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; &lt;Enter Additional Clinical Information&gt;

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; UTI

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

Radiology Services Denied Not Medically Necessary

Urinary tract infectious disease - 04/14/2016 over 6 in last 12 months&#x0D; N39.0: Urinary tract infection, site not specified; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.

Radiology Services Denied Not Medically Necessary

&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.; 5/25/16; It is not known if there has been any treatment or conservative therapy.; aorta angiogram

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.

Unknown; This study is being ordered for trauma or injury.; 04/22/2016; There has been treatment or conservative therapy.; Patient had an aneurism.; CT of head and neck. Hand X-ray, Abdomen and pelvis CT. Thoracic and lumbar spine CT.

Unknown; This study is being ordered for trauma or injury.; 04/22/2016; There has been treatment or conservative therapy.; Patient had an aneurism.; CT of head and neck. Hand X-ray, Abdomen and pelvis CT. Thoracic and lumbar spine CT.

Yes, this is a request for CT Angiography of the Neck.

"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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. ; This study is being ordered for Vascular Disease.; 3/22/2016; There has been treatment or conservative therapy.; chronic type B aortic dissection with aneurysmal degeneration of the mid-thoracic aorta to 6.7cm.;

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.; N/A; There has not been any treatment or conservative therapy.; Lower extremity pain

Patient has a abdominal aortic aneurysm and we need to check for a 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 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.

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.

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

; This study is being ordered for Vascular Disease.; 3/22/2016; There has been treatment or conservative therapy.; chronic type B aortic dissection with aneurysmal degeneration of the mid-thoracic aorta to 6.7cm.;

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.; N/A; There has not been any treatment or conservative therapy.; Lower extremity pain

This is a request for CT Angiography of the Abdomen and Pelvis.

Yes, this is a request for CT Angiography of the abdomen.

palpable mass in the upper gastric region, nausea; 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.

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.

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

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 CT Angiography of the abdominal arteries.

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).

"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; DVT possible embolism, due to shortness of breath; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.

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.

Radiology Services Denied Not Medically Necessary

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