

07/15/2015 - 09/30/2015

Sum of auth_count Row Labels	Column Labels		
	Approval	Disapproval (blank)	Grand Total
Advanced Practice Registered Nurse	150	33	183
70450 CT BRAIN, HEAD	8	3	11
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	3		3
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	6		6
70540 MRI ORBIT/FACE/NECK W/O DYE		1	1
70544 Mr angiography head w/o dye	1		1
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	11	4	15
71250 CT CHEST, THORAX	4		4
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1	1	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	6	6	12
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2	3	5
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	26	7	33
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	1		1
73221 MRI JOINT OF UPPER EXTREMITY	12		12
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	15	2	17
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	3	1	4
74150 CT ABDOMEN WITHOUT CONTRAST	5	1	6
74176 CT ABD & PELVIS W/O CONTRAST	34	1	35
74181 MRI ABDOMEN	1	1	2
77058 MRI breast,without and/or with contrast material(s);unilateral	2		2
78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1	1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1

93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS		1	1
Allergy & Immunology	9	1	10
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	5		5
71250 CT CHEST, THORAX	3	1	4
74176 CT ABD & PELVIS W/O CONTRAST	1		1
Ambulatory/Walk-in Clinic	1		1
74176 CT ABD & PELVIS W/O CONTRAST	1		1
Anesthesiology	193	69	262
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	5	4	9
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	3	2	5
72131 CT LUMBAR SPINE, LOW BACK	20	6	26
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	38	19	57
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	13	3	16
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	105	25	130
72192 CT PELVIS WITHOUT CONTRAST	1	2	3
72196 MRI PELVIS	1		1
73221 MRI JOINT OF UPPER EXTREMITY	4	1	5
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1	4	5
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
Cardiac Surgery	42	3	45
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	6		6
71250 CT CHEST, THORAX	12		12
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	11	2	13
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	5		5
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	5		5
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		1	1
Cardiology	1468	98	1566

70450 CT BRAIN, HEAD	6		6
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		2	2
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	6		6
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	22	1	23
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	7		7
71250 CT CHEST, THORAX	23	3	26
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	46	2	48
71550 MRI CHEST	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	4		4
72198 MRA , MRI PELVIS ANGIOGRAPHY WITH/WITHOUT CONTRAST	1		1
73206 CT ANGIOGRAPHY UPPER EXTREMITY	3		3
73706 CT ANGIOGRAPHY LOWER EXTREMITY	2		2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	3	1	4
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	7	2	9
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	7		7
74176 CT ABD & PELVIS W/O CONTRAST	3		3
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1		1
75557 Cardiac MRI Morph & structure w/o contrast	8	1	9
75571 Coronary Artery Calcium Score, EBCT	1		1
75572 CT Heart	15		15
75573 CT Heart Congenital Study	1		1
75574 CT Angiography Heart coronary arteries, CCTA	40	1	41
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	57	2	59
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	948	52	1000
78459 Myocardial imaging, PET		2	2
78472 CARDIAC OR HEART BLOOD POOL IMAGING	6		6
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	174	22	196
93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	1		1

93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	70	6	76
Chiropractic Medicine	102	12	114
70544 Mr angiography head w/o dye		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	4		4
71250 CT CHEST, THORAX	1		1
72131 CT LUMBAR SPINE, LOW BACK	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	22	4	26
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2		2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	56	5	61
72196 MRI PELVIS	1		1
73221 MRI JOINT OF UPPER EXTREMITY	10	1	11
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	3	1	4
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	2		2
Colon & Rectal Surgery	21	3	24
71250 CT CHEST, THORAX	3		3
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	7	1	8
74176 CT ABD & PELVIS W/O CONTRAST	9	1	10
74181 MRI ABDOMEN		1	1
78813 PET IMAGING WHOLE BODY	1		1
Dermatology	2	1	3
71250 CT CHEST, THORAX	1		1
74176 CT ABD & PELVIS W/O CONTRAST	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		1	1
Doctors and Rehabilitation	168	57	225
70540 MRI ORBIT/FACE/NECK W/O DYE		1	1
70544 Mr angiography head w/o dye	1		1
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1		1
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1		1
72131 CT LUMBAR SPINE, LOW BACK	21	2	23
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	34	14	48

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	8	9	17
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	84	22	106
72196 MRI PELVIS	2		2
73221 MRI JOINT OF UPPER EXTREMITY	3	4	7
73700 CT LEG OR LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	7	4	11
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	1		1
74176 CT ABD & PELVIS W/O CONTRAST	2		2
74181 MRI ABDOMEN		1	1
Emergency Medicine	86	23	109
70450 CT BRAIN, HEAD	2		2
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	2	1	3
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2		2
70540 MRI ORBIT/FACE/NECK W/O DYE	2		2
70544 Mr angiography head w/o dye		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	9	4	13
71250 CT CHEST, THORAX	5		5
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	2		2
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	7	3	10
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1	2	3
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	14	6	20
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		1	1
73221 MRI JOINT OF UPPER EXTREMITY	1		1
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	6	1	7
74150 CT ABDOMEN WITHOUT CONTRAST	1	1	2
74176 CT ABD & PELVIS W/O CONTRAST	20	2	22
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	8	1	9
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
Endocrinology	44	4	48
70450 CT BRAIN, HEAD	1		1

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	25	1	26
71250 CT CHEST, THORAX	4		4
72192 CT PELVIS WITHOUT CONTRAST	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	4	1	5
74176 CT ABD & PELVIS W/O CONTRAST	3	2	5
77058 MRI breast,without and/or with contrast material(s);unilateral	1		1
78813 PET IMAGING WHOLE BODY	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	2		2
Free Standing Surgery Center	2		2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2		2
Gastroenterology	429	29	458
70450 CT BRAIN, HEAD	3	1	4
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2		2
71250 CT CHEST, THORAX	15	2	17
71550 MRI CHEST		1	1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2		2
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	4		4
74150 CT ABDOMEN WITHOUT CONTRAST	41	7	48
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	4		4
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	261	13	274
74181 MRI ABDOMEN	58	3	61
74261 CT Colonography, diagnostic without contrast	6		6
74263 CT Colonography, screening		2	2
75571 Coronary Artery Calcium Score, EBCT	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
78813 PET IMAGING WHOLE BODY	1		1
S8037 mrcp	26		26
General/Family Practice	6253	1143	7396

70450 CT BRAIN, HEAD	357	91	448
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	5	1	6
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	78	14	92
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	85	5	90
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	5	4	9
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	12	1	13
70540 MRI ORBIT/FACE/NECK W/O DYE	11	8	19
70544 Mr angiography head w/o dye	24	4	28
70547 Mr angiography neck w/o dye	4		4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	686	48	734
71250 CT CHEST, THORAX	456	46	502
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	45		45
71550 MRI CHEST	3	4	7
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	36	21	57
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	13	8	21
72131 CT LUMBAR SPINE, LOW BACK	54	12	66
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	477	148	625
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	108	63	171
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1230	297	1527
72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	1		1
72192 CT PELVIS WITHOUT CONTRAST	28	4	32
72196 MRI PELVIS	39	10	49
73200 CT ARM OR UPPER EXTREMITY	18	4	22
73206 CT ANGIOGRAPHY UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	21	6	27
73221 MRI JOINT OF UPPER EXTREMITY	355	69	424
73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST	1		1
73700 CT LEG OR LOWER EXTREMITY	39	5	44
73706 CT ANGIOGRAPHY LOWER EXTREMITY	4	2	6
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	530	58	588
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	63	21	84
74150 CT ABDOMEN WITHOUT CONTRAST	146	22	168
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	6	1	7

74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	13	3	16
74176 CT ABD & PELVIS W/O CONTRAST	1106	113	1219
74181 MRI ABDOMEN	40		40
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1		1
74263 CT Colonography, screening	1	1	2
75571 Coronary Artery Calcium Score, EBCT	2	6	8
75572 CT Heart	1		1
75574 CT Angiography Heart coronary arteries, CCTA	2		2
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	12		12
77058 MRI breast,without and/or with contrast material(s);unilateral	15	1	16
77078 CT bone mineral density study, 1 or more sites; axial skeleton	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	74	36	110
78813 PET IMAGING WHOLE BODY	4		4
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	7		7
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	23	5	28
93350 ECHO TTHRC R-T 2D --+M-MODE COMPLETE REST&STRS	2		2
S8032 Low-dose Computed Tomography For Lung Cancer Screening	4		4
S8037 mrcp	4		4
S8042 MRI low field		1	1
Geriatrics	4		4
70450 CT BRAIN, HEAD	2		2
71250 CT CHEST, THORAX	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
Gynecologic Oncology	29		29
71250 CT CHEST, THORAX	5		5
72196 MRI PELVIS	1		1
74176 CT ABD & PELVIS W/O CONTRAST	16		16
78813 PET IMAGING WHOLE BODY	2		2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	5		5
Hematologist/Oncologist	2097	150	2247
70450 CT BRAIN, HEAD	93	4	97
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	5		5
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	57	5	62

70540 MRI ORBIT/FACE/NECK W/O DYE	12	1	13
70544 Mr angiography head w/o dye	3	1	4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	140		140
71250 CT CHEST, THORAX	595	54	649
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	15		15
71550 MRI CHEST	14		14
72131 CT LUMBAR SPINE, LOW BACK	2		2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	22		22
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	29		29
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	38		38
72192 CT PELVIS WITHOUT CONTRAST	5		5
72196 MRI PELVIS	28	1	29
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	16		16
73221 MRI JOINT OF UPPER EXTREMITY	1	1	2
73700 CT LEG OR LOWER EXTREMITY	3		3
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	8	1	9
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	2		2
74150 CT ABDOMEN WITHOUT CONTRAST	30	1	31
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	525	48	573
74181 MRI ABDOMEN	22		22
75557 Cardiac MRI Morph & structure w/o contrast	2	1	3
76390 Mr spectroscopy	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	11		11
77084 Magnetic resonance imaging, bone marrow blood supply	15		15
78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1	1
78472 CARDIAC OR HEART BLOOD POOL IMAGING	47		47
78813 PET IMAGING WHOLE BODY	53	8	61
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	298	22	320
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
S8032 Low-dose Computed Tomography For Lung Cancer Screening	3		3
Hospital	8	1	9

70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
71550 MRI CHEST	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
72196 MRI PELVIS	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
77084 Magnetic resonance imaging, bone marrow blood supply	1		1
93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS		1	1
Industrial Medicine		2	2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1	1
73221 MRI JOINT OF UPPER EXTREMITY		1	1
Infectious Diseases	22	2	24
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
71250 CT CHEST, THORAX	4		4
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2	1	3
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1	1	2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
73200 CT ARM OR UPPER EXTREMITY	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73221 MRI JOINT OF UPPER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	5		5
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	2		2
Internal Medicine	1174	226	1400
70450 CT BRAIN, HEAD	68	23	91
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	18	5	23
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	22	3	25
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1	3	4
70540 MRI ORBIT/FACE/NECK W/O DYE	5		5
70544 Mr angiography head w/o dye	7	6	13
70547 Mr angiography neck w/o dye	4		4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	124	11	135

71250 CT CHEST, THORAX	123	11	134
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	12		12
71550 MRI CHEST	1	2	3
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	8	2	10
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1	1
72131 CT LUMBAR SPINE, LOW BACK	11	2	13
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	95	30	125
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	14	12	26
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	174	43	217
72192 CT PELVIS WITHOUT CONTRAST	6	1	7
72196 MRI PELVIS	5	1	6
73200 CT ARM OR UPPER EXTREMITY	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	2		2
73221 MRI JOINT OF UPPER EXTREMITY	57	9	66
73700 CT LEG OR LOWER EXTREMITY	3	2	5
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1	1	2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	78	10	88
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	8	4	12
74150 CT ABDOMEN WITHOUT CONTRAST	29	4	33
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	1		1
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	3		3
74176 CT ABD & PELVIS W/O CONTRAST	207	20	227
74181 MRI ABDOMEN	14	1	15
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1		1
75571 Coronary Artery Calcium Score, EBCT		1	1
75574 CT Angiography Heart coronary arteries, CCTA	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	4		4
77058 MRI breast,without and/or with contrast material(s);unilateral	9	1	10
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	36	14	50
78813 PET IMAGING WHOLE BODY	2		2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	8		8
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	2	1	3
S8032 Low-dose Computed Tomography For Lung Cancer Screening	6	2	8

S8037 mrcp	2		2
Interventional Radiologists	14	2	16
70544 Mr angiography head w/o dye	4		4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	4		4
72131 CT LUMBAR SPINE, LOW BACK	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1	2	3
73221 MRI JOINT OF UPPER EXTREMITY	2		2
74176 CT ABD & PELVIS W/O CONTRAST	1		1
Nephrology	26	2	28
70450 CT BRAIN, HEAD	1		1
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
72131 CT LUMBAR SPINE, LOW BACK	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1	1	2
72192 CT PELVIS WITHOUT CONTRAST	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	2	1	3
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	10		10
74181 MRI ABDOMEN	2		2
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	2		2
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
Neurological Surgery	961	89	1050
0042T Ct perfusion w/contrast, cbf		1	1
70450 CT BRAIN, HEAD	53	2	55
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	13		13
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	6		6
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70544 Mr angiography head w/o dye	7	1	8
70547 Mr angiography neck w/o dye	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	132	4	136

71250 CT CHEST, THORAX	1	2	3
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	44	1	45
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	17		17
72131 CT LUMBAR SPINE, LOW BACK	82	1	83
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	214	18	232
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	60	10	70
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	303	37	340
72192 CT PELVIS WITHOUT CONTRAST		1	1
72196 MRI PELVIS	6	1	7
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73221 MRI JOINT OF UPPER EXTREMITY	5	3	8
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	2	4	6
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	7		7
74150 CT ABDOMEN WITHOUT CONTRAST	1	2	3
74176 CT ABD & PELVIS W/O CONTRAST	2	1	3
74181 MRI ABDOMEN	1		1
Neurology	1065	103	1168
70450 CT BRAIN, HEAD	19	5	24
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	36	6	42
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	24	6	30
70540 MRI ORBIT/FACE/NECK W/O DYE	3	1	4
70544 Mr angiography head w/o dye	43	16	59
70547 Mr angiography neck w/o dye	13	5	18
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	612	16	628
70554 Functional MRI Brain	2	1	3
71250 CT CHEST, THORAX	4		4
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
71550 MRI CHEST	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1		1
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	2		2
72131 CT LUMBAR SPINE, LOW BACK	6	2	8

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	147	25	172
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	49	6	55
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	79	10	89
72196 MRI PELVIS	2		2
73221 MRI JOINT OF UPPER EXTREMITY	4	2	6
73700 CT LEG OR LOWER EXTREMITY	1		1
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	3		3
74176 CT ABD & PELVIS W/O CONTRAST	1		1
74181 MRI ABDOMEN	1		1
78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	2	2	4
78813 PET IMAGING WHOLE BODY	1		1
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	2		2
OB/Gynecology	173	10	183
70450 CT BRAIN, HEAD	2		2
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	6		6
71250 CT CHEST, THORAX	6		6
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	5	1	6
72192 CT PELVIS WITHOUT CONTRAST	6		6
72196 MRI PELVIS	25	1	26
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	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	2		2
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	2	1	3
74176 CT ABD & PELVIS W/O CONTRAST	78	6	84
74181 MRI ABDOMEN	3		3
77058 MRI breast,without and/or with contrast material(s);unilateral	29	1	30
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	5		5
Obstetrics & Gynecology	2		2
77058 MRI breast,without and/or with contrast material(s);unilateral	2		2
Occupational Medicine	3		3
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
Oncology	30	11	41
70450 CT BRAIN, HEAD	1	1	2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	11	5	16
74150 CT ABDOMEN WITHOUT CONTRAST	4		4
74176 CT ABD & PELVIS W/O CONTRAST	6	5	11
74181 MRI ABDOMEN	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	2		2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	4		4
Ophthalmology	60		60
70450 CT BRAIN, HEAD	4		4
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	9		9
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	3		3
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE	19		19
70544 Mr angiography head w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	21		21
71250 CT CHEST, THORAX	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
Orthopedics	2640	179	2819
70450 CT BRAIN, HEAD	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	4	1	5
71250 CT CHEST, THORAX	6	2	8
71550 MRI CHEST	2	1	3
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	10	2	12
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	9	1	10
72131 CT LUMBAR SPINE, LOW BACK	33	4	37
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	187	49	236
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	31	14	45
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	308	48	356

72192 CT PELVIS WITHOUT CONTRAST	6	1	7
72196 MRI PELVIS	20	5	25
73200 CT ARM OR UPPER EXTREMITY	61	2	63
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	42	3	45
73221 MRI JOINT OF UPPER EXTREMITY	728	13	741
73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST		1	1
73700 CT LEG OR LOWER EXTREMITY	86	1	87
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	985	28	1013
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	117	3	120
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
78813 PET IMAGING WHOLE BODY	2		2
Osteopath	15		15
70450 CT BRAIN, HEAD	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
71250 CT CHEST, THORAX	2		2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2		2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3		3
72192 CT PELVIS WITHOUT CONTRAST	1		1
73221 MRI JOINT OF UPPER EXTREMITY	1		1
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	1		1
Other	41	8	49
70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT	4	1	5
70450 CT BRAIN, HEAD	3		3
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	2		2
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	4		4
70544 Mr angiography head w/o dye		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	3		3
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	6	2	8

72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	1		1
72196 MRI PELVIS	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	8		8
74150 CT ABDOMEN WITHOUT CONTRAST	1	1	2
74176 CT ABD & PELVIS W/O CONTRAST	4	2	6
OTHER O/P DIAG TESTING	2		2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
Otolaryngology	641	20	661
70450 CT BRAIN, HEAD	3	2	5
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	44	1	45
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	325	6	331
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	109	1	110
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	2		2
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	2	1	3
70540 MRI ORBIT/FACE/NECK W/O DYE	2	2	4
70544 Mr angiography head w/o dye	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	117	2	119
71250 CT CHEST, THORAX	13	1	14
71550 MRI CHEST	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	2	1	3
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1	1	2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3		3
72196 MRI PELVIS	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	2		2
73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	2	1	3
74181 MRI ABDOMEN		1	1
78813 PET IMAGING WHOLE BODY	2		2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	5		5
Pathology	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1

Pediatric Hematology	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
Pediatrics	135	14	149
70450 CT BRAIN, HEAD	16	4	20
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	2	1	3
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	3	1	4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	43		43
71250 CT CHEST, THORAX	6	1	7
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	7	2	9
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	3		3
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	8	1	9
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	3		3
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	2		2
73221 MRI JOINT OF UPPER EXTREMITY	3	1	4
73700 CT LEG OR LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	11	1	12
74150 CT ABDOMEN WITHOUT CONTRAST	3		3
74176 CT ABD & PELVIS W/O CONTRAST	12	1	13
74181 MRI ABDOMEN	2		2
75557 Cardiac MRI Morph & structure w/o contrast	6		6
76390 Mr spectroscopy	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1	1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
Physical Medicine	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
Plastic Surgery	12	2	14
70450 CT BRAIN, HEAD	1		1
70480 CT ORBIT, EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA, EAR ETC.	1		1
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	3		3
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST		1	1

70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
71250 CT CHEST, THORAX	1	1	2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73221 MRI JOINT OF UPPER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	1		1
Podiatry	139	15	154
70450 CT BRAIN, HEAD	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2	1	3
73700 CT LEG OR LOWER EXTREMITY	4		4
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	132	14	146
Psychiatry	4	1	5
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3	1	4
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
Pulmonary Medicine	266	10	276
70450 CT BRAIN, HEAD	2		2
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	5		5
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
71250 CT CHEST, THORAX	222	9	231
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	7	1	8
74176 CT ABD & PELVIS W/O CONTRAST	3		3
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	4		4
78813 PET IMAGING WHOLE BODY	6		6
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	11		11
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
S8032 Low-dose Computed Tomography For Lung Cancer Screening	1		1
Radiation Oncology	83	5	88
70450 CT BRAIN, HEAD	3		3
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	6		6
70540 MRI ORBIT/FACE/NECK W/O DYE	4	1	5
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	17		17

71250 CT CHEST, THORAX	18		18
71550 MRI CHEST		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
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS		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	8		8
74181 MRI ABDOMEN		1	1
77058 MRI breast,without and/or with contrast material(s);unilateral	2	1	3
78813 PET IMAGING WHOLE BODY	2		2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	17		17
Radiology	24	1	25
70544 Mr angiography head w/o dye	2		2
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3		3
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
72196 MRI PELVIS	1	1	2
74150 CT ABDOMEN WITHOUT CONTRAST	3		3
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	4		4
74181 MRI ABDOMEN	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	2		2
Rehabilitations	12	5	17
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1		1
72131 CT LUMBAR SPINE, LOW BACK	1	1	2
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	8	4	12
Rheumatology	177	40	217
70450 CT BRAIN, HEAD	2	1	3
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	1		1
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	5		5
71250 CT CHEST, THORAX	8	1	9
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1	1
72131 CT LUMBAR SPINE, LOW BACK	1	2	3
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	20	3	23
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	5		5
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	27	3	30
72192 CT PELVIS WITHOUT CONTRAST		1	1
72196 MRI PELVIS	8	3	11
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	33	10	43
73221 MRI JOINT OF UPPER EXTREMITY	35	12	47
73700 CT LEG OR LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	22	1	23
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	1	2	3
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	3		3
74181 MRI ABDOMEN	1		1
77058 MRI breast, without and/or with contrast material(s); unilateral	1		1
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
Sports Medicine	21		21
70450 CT BRAIN, HEAD	1		1
72131 CT LUMBAR SPINE, LOW BACK	4		4
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	3		3
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	9		9
73221 MRI JOINT OF UPPER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	2		2
74176 CT ABD & PELVIS W/O CONTRAST	1		1
Surgery	401	29	430

70450 CT BRAIN, HEAD	2		2
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	6		6
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	3		3
70547 Mr angiography neck w/o dye	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2	2	4
71250 CT CHEST, THORAX	26	3	29
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1	1
72131 CT LUMBAR SPINE, LOW BACK	3		3
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	6	2	8
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2	1	3
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	13	4	17
72192 CT PELVIS WITHOUT CONTRAST	8		8
72196 MRI PELVIS	7		7
73200 CT ARM OR UPPER EXTREMITY	9	1	10
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	11		11
73221 MRI JOINT OF UPPER EXTREMITY	26		26
73706 CT ANGIOGRAPHY LOWER EXTREMITY	2		2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	13		13
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	1	2	3
73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	14	2	16
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	183	6	189
74181 MRI ABDOMEN	15		15
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	4		4
77058 MRI breast,without and/or with contrast material(s);unilateral	20	1	21
78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1	1
78813 PET IMAGING WHOLE BODY	3	1	4
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	7	2	9

S8037 mrcp	2		2
Surgical Oncology	48	1	49
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	24	1	25
72196 MRI PELVIS	1		1
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	1		1
74176 CT ABD & PELVIS W/O CONTRAST	3		3
77058 MRI breast,without and/or with contrast material(s);unilateral	11		11
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
78813 PET IMAGING WHOLE BODY	3		3
Thoracic Surgery	23		23
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
71250 CT CHEST, THORAX	4		4
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	4		4
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	3		3
75572 CT Heart	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	2		2
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	2		2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3		3
Unknown	361	85	446
70450 CT BRAIN, HEAD	14	7	21
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	6	1	7
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2	1	3
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE	4		4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	28	1	29
71250 CT CHEST, THORAX	16	3	19

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	7		7
71550 MRI CHEST	5		5
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	4	1	5
72131 CT LUMBAR SPINE, LOW BACK	4		4
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	31	13	44
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	12	5	17
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	56	19	75
72196 MRI PELVIS	6		6
73200 CT ARM OR UPPER EXTREMITY	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	5	1	6
73221 MRI JOINT OF UPPER EXTREMITY	24	4	28
73700 CT LEG OR LOWER EXTREMITY	5	2	7
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	24	12	36
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	6	2	8
74150 CT ABDOMEN WITHOUT CONTRAST	9	3	12
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST		1	1
74176 CT ABD & PELVIS W/O CONTRAST	38	5	43
74181 MRI ABDOMEN	3	1	4
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	1		1
77084 Magnetic resonance imaging, bone marrow blood supply	5		5
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	10	1	11
78472 CARDIAC OR HEART BLOOD POOL IMAGING	1		1
78813 PET IMAGING WHOLE BODY	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	7		7
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	13	2	15
93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	2		2
93350 ECHO TTHRC R-T 2D --+M-MODE COMPLETE REST&STRS	4		4
S8032 Low-dose Computed Tomography For Lung Cancer Screening	1		1
Urology	651	25	676
70450 CT BRAIN, HEAD	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1

71250 CT CHEST, THORAX	23		23
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2		2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	5	3	8
72192 CT PELVIS WITHOUT CONTRAST	6		6
72196 MRI PELVIS	26		26
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	26	1	27
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST		1	1
74176 CT ABD & PELVIS W/O CONTRAST	540	16	556
74181 MRI ABDOMEN	15		15
78813 PET IMAGING WHOLE BODY	2		2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3	4	7
Vascular Surgery	31		31
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
71250 CT CHEST, THORAX	1		1
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	6		6
72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	8		8
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	3		3
74176 CT ABD & PELVIS W/O CONTRAST	3		3
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	6		6
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
(blank)			
(blank)			
Grand Total	20369	2514	22883

spec_name	min_outcome	diag_proc
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	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	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Advanced Practice Registered Nurse	Approval	70544 Mr angiography head w/o dye
Advanced Practice Registered Nurse	Approval	70547 Mr angiography neck 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

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	71250 CT CHEST, THORAX
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX
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	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
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK 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	72192 CT PELVIS WITHOUT CONTRAST
Advanced Practice Registered Nurse	Approval	72196 MRI PELVIS
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 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

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 73221 MRI JOINT OF UPPER EXTREMITY

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
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

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

74176 CT ABD & PELVIS W/O 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	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	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
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

70540 MRI ORBIT/FACE/NECK W/O DYE

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 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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

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

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 74181 MRI ABDOMEN

Advanced Practice Registered Nurse Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Advanced Practice Registered Nurse
Allergy & Immunology

Disapproval
Approval

93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Allergy & Immunology
Allergy & Immunology

Approval
Approval

70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
71250 CT CHEST, THORAX

Allergy & Immunology

Approval

71250 CT CHEST, THORAX

Allergy & Immunology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Allergy & Immunology

Disapproval

71250 CT CHEST, THORAX

Ambulatory/Walk-in Clinic

Approval

74176 CT ABD & PELVIS W/O 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
Anesthesiology	Approval	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
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Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK
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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
Anesthesiology	Approval	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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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Anesthesiology

Approval

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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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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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 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 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Anesthesiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Anesthesiology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Anesthesiology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Anesthesiology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
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	72131 CT LUMBAR SPINE, LOW BACK

Anesthesiology

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Anesthesiology

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

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

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

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

Anesthesiology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Anesthesiology

Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Anesthesiology

Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Anesthesiology

Disapproval

72192 CT PELVIS WITHOUT CONTRAST

Anesthesiology

Disapproval

72192 CT PELVIS WITHOUT CONTRAST

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

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
Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
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
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

Approval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Cardiac Surgery

Approval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Cardiac Surgery

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71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Cardiac Surgery

Approval

74150 CT ABDOMEN WITHOUT CONTRAST

Cardiac Surgery

Approval

74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Cardiac Surgery

Approval

74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Cardiac Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
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	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Cardiac Surgery	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Cardiac Surgery	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Cardiac Surgery	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Cardiology	Approval	70450 CT BRAIN, HEAD

Cardiology Approval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Cardiology Approval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

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Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Cardiology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Cardiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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

Cardiology	Approval	71250 CT CHEST, THORAX
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Cardiology	Approval	71550 MRI CHEST
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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Cardiology	Approval	72198 MRA , MRI PELVIS ANGIOGRAPHY WITH/WITHOUT CONTRAST
Cardiology	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY
Cardiology	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY
Cardiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
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

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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	74176 CT ABD & PELVIS W/O CONTRAST
Cardiology	Approval	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	75571 Coronary Artery Calcium Score, EBCT
Cardiology	Approval	75572 CT Heart
Cardiology	Approval	75572 CT Heart
Cardiology	Approval	75573 CT Heart Congenital Study
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
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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	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
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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 78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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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

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

Cardiology Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study
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 93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL

Cardiology

Approval

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

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 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

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

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

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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 70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Cardiology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Cardiology Disapproval 70544 Mr angiography head w/o dye

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	74150 CT ABDOMEN WITHOUT CONTRAST
Cardiology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Cardiology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Cardiology	Disapproval	75557 Cardiac MRI Morph & structure w/o contrast
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA

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

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

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

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

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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 78459 Myocardial imaging, PET

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

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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 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

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

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

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

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

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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

Approval

72148 MRI LUMBAR SPINE OR LOW 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

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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

72196 MRI PELVIS

Chiropractic Medicine

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Chiropractic Medicine

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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

Chiropractic Medicine

Approval

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

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

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

Chiropractic Medicine

Disapproval

70544 Mr angiography head w/o dye

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

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	73221 MRI JOINT OF UPPER EXTREMITY
Chiropractic Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX
Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX
Colon & Rectal Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST
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

74176 CT ABD & PELVIS W/O CONTRAST

Colon & Rectal Surgery

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Colon & Rectal Surgery

Approval

78813 PET IMAGING WHOLE BODY

Colon & Rectal Surgery

Disapproval

72196 MRI PELVIS

Colon & Rectal Surgery

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

Colon & Rectal Surgery

Disapproval

74181 MRI ABDOMEN

Dermatology

Approval

71250 CT CHEST, THORAX

Dermatology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Dermatology

Doctors and Rehabilitation

Doctors and Rehabilitation

Disapproval

Approval

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

70544 Mr angiography head w/o dye

70547 Mr angiography neck w/o dye

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

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 Doctors and Rehabilitation	Approval Approval	72131 CT LUMBAR SPINE, LOW BACK 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	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

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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Doctors and Rehabilitation

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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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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
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Doctors and Rehabilitation	Approval	72196 MRI PELVIS
Doctors and Rehabilitation	Approval	72196 MRI PELVIS
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Doctors and Rehabilitation	Approval	73700 CT LEG OR LOWER 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	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Doctors and Rehabilitation	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Doctors and Rehabilitation	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Doctors and Rehabilitation	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE
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

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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

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

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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

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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 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

74181 MRI ABDOMEN

Emergency Medicine

Approval

70450 CT BRAIN, HEAD

Emergency Medicine

Approval

70450 CT BRAIN, HEAD

Emergency Medicine

Approval

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

Emergency Medicine

Approval

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

Emergency Medicine

Approval

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

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

Emergency Medicine Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

Emergency Medicine Approval 70540 MRI ORBIT/FACE/NECK W/O DYE

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	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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Emergency Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
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	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT 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	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	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	73221 MRI JOINT OF UPPER EXTREMITY
Emergency Medicine	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Emergency Medicine

Approval

74150 CT ABDOMEN WITHOUT CONTRAST

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

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Emergency Medicine

Approval

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

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

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

Emergency Medicine

Disapproval

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

Emergency Medicine

Disapproval

70544 Mr angiography head w/o dye

Emergency Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Emergency Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Emergency Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Emergency Medicine

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM 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 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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

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

Emergency Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Emergency Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Emergency Medicine	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Emergency Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Emergency Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST
Emergency Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST

Emergency Medicine

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

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
Endocrinology

Approval
Approval

70540 MRI ORBIT/FACE/NECK W/O DYE
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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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	71250 CT CHEST, THORAX
Endocrinology	Approval	71250 CT CHEST, THORAX
Endocrinology	Approval	71250 CT CHEST, THORAX
Endocrinology	Approval	72192 CT PELVIS 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	77058 MRI breast,without and/or with contrast material(s);unilateral
Endocrinology	Approval	78813 PET IMAGING WHOLE BODY
Endocrinology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Endocrinology

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Endocrinology

Disapproval

74150 CT ABDOMEN WITHOUT CONTRAST

Endocrinology

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

Endocrinology

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

Free Standing Surgery Center
Gastroenterology

Approval
Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
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
Gastroenterology

Approval
Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
71250 CT CHEST, THORAX

Gastroenterology

Approval

71250 CT CHEST, THORAX

Gastroenterology

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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

Gastroenterology

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Gastroenterology

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Gastroenterology

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Gastroenterology

Approval

72192 CT PELVIS WITHOUT CONTRAST

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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74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology

Approval

74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

Gastroenterology

Approval

74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST

Gastroenterology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Gastroenterology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Gastroenterology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

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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

Gastroenterology Approval 74181 MRI ABDOMEN

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74181 MRI ABDOMEN

Gastroenterology

Approval

74181 MRI ABDOMEN

Gastroenterology

Approval

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

74261 CT Colonography, diagnostic without contrast

Gastroenterology

Approval

74261 CT Colonography, diagnostic without contrast

Gastroenterology

Approval

75571 Coronary Artery Calcium Score, EBCT

Gastroenterology

Approval

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

Gastroenterology

Approval

78813 PET IMAGING 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

Disapproval

70450 CT BRAIN, HEAD

Gastroenterology

Disapproval

71250 CT CHEST, THORAX

Gastroenterology

Disapproval

71250 CT CHEST, THORAX

Gastroenterology

Disapproval

71550 MRI CHEST

Gastroenterology

Disapproval

74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology

Disapproval

74150 CT ABDOMEN WITHOUT CONTRAST

Gastroenterology Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

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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 74263 CT Colonography, screening
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.

General/Family Practice

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

General/Family Practice

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

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

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

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

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

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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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General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY
General/Family Practice	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY
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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73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT 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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General/Family Practice	Approval	74181 MRI ABDOMEN
General/Family Practice	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST
General/Family Practice	Approval	74263 CT Colonography, screening
General/Family Practice	Approval	75571 Coronary Artery Calcium Score, EBCT
General/Family Practice	Approval	75572 CT Heart

General/Family Practice	Approval	75574 CT Angiography Heart coronary arteries, CCTA
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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	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
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	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	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

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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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General/Family Practice Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study
General/Family Practice Approval 78813 PET IMAGING WHOLE BODY

General/Family Practice Approval 78813 PET IMAGING WHOLE BODY

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78813 PET IMAGING WHOLE BODY

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78813 PET IMAGING WHOLE BODY

General/Family Practice

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78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

General/Family Practice

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78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

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78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

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78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

General/Family Practice

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

General/Family Practice

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

General/Family Practice

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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	S8032 Low-dose Computed Tomography For Lung Cancer Screening

General/Family Practice

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S8032 Low-dose Computed Tomography For Lung Cancer Screening

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S8032 Low-dose Computed Tomography For Lung Cancer Screening

General/Family Practice

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S8037 mrcp

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S8037 mrcp

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General/Family Practice Disapproval 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

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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 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

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

General/Family Practice

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70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

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70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

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70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

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70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

General/Family Practice

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70540 MRI ORBIT/FACE/NECK W/O DYE

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 70544 Mr angiography head 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 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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General/Family Practice Disapproval 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

General/Family Practice

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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

General/Family Practice Disapproval 71550 MRI CHEST

General/Family Practice Disapproval 71550 MRI CHEST

General/Family Practice Disapproval 71550 MRI CHEST

General/Family Practice Disapproval 71550 MRI CHEST

General/Family Practice

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72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

General/Family Practice

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72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

General/Family Practice

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72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

General/Family Practice

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72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

General/Family Practice

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72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

General/Family Practice

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72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

General/Family Practice

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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	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
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK

General/Family Practice Disapproval 72131 CT LUMBAR SPINE, LOW BACK

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

General/Family Practice

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General/Family Practice Disapproval 72192 CT PELVIS WITHOUT CONTRAST

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General/Family Practice Disapproval 72196 MRI PELVIS

General/Family Practice Disapproval 73200 CT ARM OR UPPER EXTREMITY

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

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

General/Family Practice	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY
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General/Family Practice Disapproval 73700 CT LEG OR LOWER EXTREMITY

General/Family Practice Disapproval 73700 CT LEG OR LOWER EXTREMITY

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73700 CT LEG OR LOWER EXTREMITY

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73700 CT LEG OR LOWER EXTREMITY

General/Family Practice

Disapproval

73706 CT ANGIOGRAPHY LOWER EXTREMITY

General/Family Practice

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

General/Family Practice

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73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

General/Family Practice

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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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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

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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

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

74150 CT ABDOMEN WITHOUT CONTRAST

General/Family Practice

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74150 CT ABDOMEN WITHOUT CONTRAST

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74150 CT ABDOMEN WITHOUT CONTRAST

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74150 CT ABDOMEN WITHOUT CONTRAST

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General/Family Practice Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

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
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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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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	74263 CT Colonography, screening
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	75571 Corornary Artery Calcium Score, EBCT
General/Family Practice	Disapproval	75571 Corornary Artery Calcium Score, EBCT
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

Disapproval

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

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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

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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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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	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
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	S8042 MRI low field
Geriatrics	Approval	70450 CT BRAIN, HEAD

Geriatrics	Approval	71250 CT CHEST, THORAX
Geriatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Gynecologic Oncology	Approval	71250 CT CHEST, THORAX
Gynecologic Oncology	Approval	71250 CT CHEST, THORAX
Gynecologic Oncology	Approval	71250 CT CHEST, THORAX
Gynecologic Oncology	Approval	72196 MRI PELVIS
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Gynecologic Oncology

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Gynecologic Oncology

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74176 CT ABD & PELVIS W/O CONTRAST

Gynecologic Oncology

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Gynecologic Oncology

Approval

78813 PET IMAGING WHOLE BODY

Gynecologic Oncology
Gynecologic Oncology

Approval
Approval

78813 PET IMAGING WHOLE BODY
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

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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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

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

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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 70540 MRI ORBIT/FACE/NECK W/O DYE

Hematologist/Oncologist

Approval

70540 MRI ORBIT/FACE/NECK W/O DYE

Hematologist/Oncologist

Approval

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

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70540 MRI ORBIT/FACE/NECK W/O DYE

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

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Hematologist/Oncologist

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Hematologist/Oncologist

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71250 CT CHEST, THORAX

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Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

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Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

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71250 CT CHEST, THORAX

Hematologist/Oncologist

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71250 CT CHEST, THORAX

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71250 CT CHEST, THORAX

Hematologist/Oncologist

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71250 CT CHEST, THORAX

Hematologist/Oncologist

Approval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Hematologist/Oncologist Approval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Hematologist/Oncologist Approval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Hematologist/Oncologist Approval 71550 MRI CHEST

Hematologist/Oncologist Approval 71550 MRI CHEST

Hematologist/Oncologist Approval 71550 MRI CHEST

Hematologist/Oncologist Approval 71550 MRI CHEST

Hematologist/Oncologist Approval 71550 MRI CHEST

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Hematologist/Oncologist Approval 71550 MRI CHEST

Hematologist/Oncologist Approval 71550 MRI CHEST

Hematologist/Oncologist Approval 71550 MRI CHEST

Hematologist/Oncologist

Approval

72131 CT LUMBAR SPINE, LOW BACK

Hematologist/Oncologist

Approval

72131 CT LUMBAR SPINE, LOW BACK

Hematologist/Oncologist

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Hematologist/Oncologist

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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

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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

Hematologist/Oncologist

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Hematologist/Oncologist

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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

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Hematologist/Oncologist Approval 72192 CT PELVIS WITHOUT CONTRAST

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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 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

73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Hematologist/Oncologist

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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

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

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

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

74150 CT ABDOMEN WITHOUT CONTRAST

Hematologist/Oncologist

Approval

74150 CT ABDOMEN WITHOUT CONTRAST

Hematologist/Oncologist Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Hematologist/Oncologist Approval 74150 CT ABDOMEN WITHOUT CONTRAST

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Hematologist/Oncologist

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist

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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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74181 MRI ABDOMEN

Hematologist/Oncologist

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Hematologist/Oncologist

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74181 MRI ABDOMEN

Hematologist/Oncologist

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74181 MRI ABDOMEN

Hematologist/Oncologist

Approval

75557 Cardiac MRI Morph & structure w/o contrast

Hematologist/Oncologist

Approval

76390 Mr spectroscopy

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

Hematologist/Oncologist

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77084 Magnetic resonance imaging, bone marrow blood supply

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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

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Hematologist/Oncologist Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING
Hematologist/Oncologist Approval 78813 PET IMAGING WHOLE BODY

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Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
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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 S8032 Low-dose Computed Tomography For Lung Cancer Screening

Hematologist/Oncologist Disapproval 70450 CT BRAIN, HEAD

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	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Hematologist/Oncologist	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE
Hematologist/Oncologist	Disapproval	70544 Mr angiography head w/o dye

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX
Hematologist/Oncologist	Disapproval	72196 MRI PELVIS
Hematologist/Oncologist	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY

Hematologist/Oncologist	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Hematologist/Oncologist	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST
Hematologist/Oncologist	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
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

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

Hematologist/Oncologist

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

Hematologist/Oncologist

Disapproval

75557 Cardiac MRI Morph & structure w/o contrast

Hematologist/Oncologist

Disapproval

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

Hematologist/Oncologist

Disapproval

78813 PET IMAGING WHOLE BODY

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78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Hematologist/Oncologist

Disapproval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Hospital

Approval

70540 MRI ORBIT/FACE/NECK W/O DYE

Hospital

Approval

71550 MRI CHEST

Hospital

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Hospital

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Hospital

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Hospital	Approval	72196 MRI PELVIS
Hospital	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Hospital	Approval	77084 Magnetic resonance imaging, bone marrow blood supply
Hospital	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS
Industrial Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Industrial Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY

Infectious Diseases	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT 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	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Infectious Diseases	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Infectious Diseases	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Infectious Diseases	Approval	73200 CT ARM OR UPPER EXTREMITY
Infectious Diseases	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Infectious Diseases	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Infectious Diseases	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Infectious Diseases	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Infectious Diseases	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Infectious Diseases	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Infectious Diseases	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Infectious Diseases	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Infectious Diseases	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Internal Medicine	Approval	70450 CT BRAIN, HEAD
Internal Medicine	Approval	70450 CT BRAIN, HEAD
Internal Medicine	Approval	70450 CT BRAIN, HEAD
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 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

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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	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	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

Internal Medicine Approval 70544 Mr angiography head w/o dye

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Internal Medicine Approval 70544 Mr angiography head w/o dye

Internal Medicine Approval 70544 Mr angiography head w/o dye

Internal Medicine Approval 70547 Mr angiography neck w/o dye

Internal Medicine

Approval

70547 Mr angiography neck w/o dye

Internal Medicine

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70547 Mr angiography neck w/o dye

Internal Medicine

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Internal Medicine

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

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

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

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

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

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

Internal Medicine Approval 71550 MRI CHEST

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

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

Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
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
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
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

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

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

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

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

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

Internal Medicine Approval 72192 CT PELVIS WITHOUT CONTRAST

Internal Medicine

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72192 CT PELVIS WITHOUT CONTRAST

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72192 CT PELVIS WITHOUT CONTRAST

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72192 CT PELVIS WITHOUT CONTRAST

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72192 CT PELVIS WITHOUT CONTRAST

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
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Internal Medicine	Approval	72196 MRI PELVIS
Internal Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY

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

Internal Medicine	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
73700 CT LEG OR LOWER EXTREMITY

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73700 CT LEG OR LOWER EXTREMITY
73706 CT ANGIOGRAPHY LOWER EXTREMITY
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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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
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Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
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Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
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Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
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Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT 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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Internal Medicine Approval 74176 CT ABD & PELVIS W/O CONTRAST

Internal Medicine Approval 74181 MRI ABDOMEN

Internal Medicine Approval 74181 MRI ABDOMEN

Internal Medicine Approval 74181 MRI ABDOMEN

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	74181 MRI ABDOMEN
Internal Medicine	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST
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	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

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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

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

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

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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
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Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
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Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
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
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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	S8032 Low-dose Computed Tomography For Lung Cancer Screening
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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S8032 Low-dose Computed Tomography For Lung Cancer Screening

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S8032 Low-dose Computed Tomography For Lung Cancer Screening

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Approval

S8037 mrcp

Internal Medicine

Approval

S8037 mrcp

Internal Medicine

Disapproval

70450 CT BRAIN, HEAD

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

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

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

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

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

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

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

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

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 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

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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	71550 MRI CHEST
Internal Medicine	Disapproval	71550 MRI CHEST
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 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

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

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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 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 73221 MRI JOINT OF UPPER EXTREMITY

Internal Medicine Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

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 73221 MRI JOINT OF UPPER EXTREMITY

Internal Medicine Disapproval 73700 CT LEG OR LOWER 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

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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 74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Internal Medicine Disapproval 74150 CT ABDOMEN WITHOUT 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	75571 Coronary Artery Calcium Score, EBCT
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

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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

Disapproval

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

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Internal Medicine	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Internal Medicine	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
Internal Medicine	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
Interventional Radiologists	Approval	70544 Mr angiography head w/o dye
Interventional Radiologists	Approval	70544 Mr angiography head w/o dye
Interventional Radiologists	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Interventional Radiologists	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Interventional Radiologists	Approval	72131 CT LUMBAR SPINE, LOW BACK
Interventional Radiologists	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Interventional Radiologists	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Interventional Radiologists	Approval	73221 MRI JOINT OF UPPER EXTREMITY

Interventional Radiologists

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Interventional Radiologists

Approval

74176 CT ABD & PELVIS W/O CONTRAST

Interventional Radiologists

Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Interventional Radiologists

Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Nephrology

Approval

70450 CT BRAIN, HEAD

Nephrology

Approval

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

Nephrology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Nephrology

Approval

72131 CT LUMBAR SPINE, LOW BACK

Nephrology

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Nephrology

Approval

72192 CT PELVIS WITHOUT CONTRAST

Nephrology

Approval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Nephrology

Approval

74150 CT ABDOMEN WITHOUT CONTRAST

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
Nephrology	Approval	74181 MRI ABDOMEN
Nephrology	Approval	74181 MRI ABDOMEN
Nephrology	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST
Nephrology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Nephrology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Nephrology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST

Neurological Surgery

Approval

70450 CT BRAIN, HEAD

Neurological Surgery

Approval

70450 CT BRAIN, HEAD

Neurological Surgery

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70450 CT BRAIN, HEAD

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70450 CT BRAIN, HEAD

Neurological Surgery

Approval

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

Neurological Surgery

Approval

70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Neurological Surgery

Approval

70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

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70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

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70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

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70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

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70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

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70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

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70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

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70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Neurological Surgery

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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 Approval 70544 Mr angiography head 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 Approval 70544 Mr angiography head w/o dye

Neurological Surgery Approval 70544 Mr angiography head w/o dye

Neurological Surgery Approval 70547 Mr angiography neck w/o dye

Neurological Surgery Approval 70547 Mr angiography neck w/o dye

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
Neurological Surgery	Approval	71250 CT CHEST, THORAX
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

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72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

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72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Neurological Surgery

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72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Neurological Surgery

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72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

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72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Neurological Surgery

Approval

72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery Approval 72131 CT LUMBAR SPINE, LOW BACK

Neurological Surgery Approval 72131 CT LUMBAR SPINE, LOW BACK

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72131 CT LUMBAR SPINE, LOW BACK

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

Neurological Surgery

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72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neurological Surgery

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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

Neurological Surgery

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Neurological Surgery

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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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

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

Neurological Surgery Approval 72196 MRI PELVIS

Neurological Surgery Approval 72196 MRI PELVIS

Neurological Surgery Approval 72196 MRI PELVIS

Neurological Surgery Approval 72196 MRI PELVIS

Neurological Surgery Approval 72196 MRI PELVIS

Neurological Surgery Approval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Neurological Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY

Neurological Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY

Neurological Surgery Approval 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Neurological Surgery
Neurological Surgery

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

Neurological Surgery

Approval

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

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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	74181 MRI ABDOMEN
Neurological Surgery	Disapproval	0042T Ct perfusion w/contrast, cbf

Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD
Neurological Surgery	Disapproval	70544 Mr angiography head 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	71250 CT CHEST, THORAX
Neurological Surgery	Disapproval	71250 CT CHEST, THORAX
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
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

Neurological Surgery

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

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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

Neurological Surgery

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Neurological Surgery

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Neurological Surgery

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Neurological Surgery

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Neurological Surgery

Disapproval

74150 CT ABDOMEN WITHOUT CONTRAST

Neurological Surgery

Disapproval

74150 CT ABDOMEN WITHOUT CONTRAST

Neurological Surgery
Neurology

Disapproval
Approval

74176 CT ABD & PELVIS W/O CONTRAST
70450 CT BRAIN, HEAD

Neurology

Approval

70450 CT BRAIN, HEAD

Neurology

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70450 CT BRAIN, HEAD

Neurology

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70450 CT BRAIN, HEAD

Neurology Approval 70450 CT BRAIN, HEAD

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Neurology Approval 70450 CT BRAIN, HEAD

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	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
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

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Neurology Approval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

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Neurology Approval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

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Neurology	Approval	70498 CT ANGIOGRAPHY NECK 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

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

Neurology	Approval	70554 Functional MRI Brain
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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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Neurology	Approval	71550 MRI CHEST
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Neurology	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Neurology	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Neurology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Neurology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Neurology	Approval	72131 CT LUMBAR SPINE, LOW BACK
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
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Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

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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 73221 MRI JOINT OF UPPER EXTREMITY

Neurology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Neurology Approval 73700 CT LEG OR LOWER EXTREMITY

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

Neurology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Neurology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
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 74181 MRI ABDOMEN

Neurology Approval 78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]

Neurology Approval 78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]

Neurology Approval 78813 PET IMAGING WHOLE BODY

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

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	70450 CT BRAIN, HEAD
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
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
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Neurology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

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

Neurology Disapproval 70544 Mr angiography head w/o dye

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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 70547 Mr angiography neck w/o dye

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Neurology	Disapproval	70547 Mr angiography neck w/o dye
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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

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Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Neurology Disapproval 70554 Functional MRI Brain

Neurology Disapproval 72131 CT LUMBAR SPINE, LOW BACK

Neurology Disapproval 72131 CT LUMBAR SPINE, LOW BACK

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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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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Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Neurology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Neurology	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]
Neurology	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]
OB/Gynecology	Approval	70450 CT BRAIN, HEAD
OB/Gynecology	Approval	70450 CT BRAIN, HEAD
OB/Gynecology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST
OB/Gynecology	Approval	72196 MRI PELVIS
OB/Gynecology	Approval	72196 MRI PELVIS
OB/Gynecology	Approval	72196 MRI PELVIS
OB/Gynecology	Approval	72196 MRI PELVIS

OB/Gynecology	Approval	72196 MRI PELVIS
OB/Gynecology	Approval	72196 MRI PELVIS
OB/Gynecology	Approval	72196 MRI PELVIS
OB/Gynecology	Approval	72196 MRI PELVIS
OB/Gynecology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
OB/Gynecology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
OB/Gynecology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
OB/Gynecology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
OB/Gynecology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
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

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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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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

74181 MRI ABDOMEN

OB/Gynecology

Approval

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

OB/Gynecology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
OB/Gynecology	Disapproval	72196 MRI PELVIS
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

Obstetrics & Gynecology

Disapproval

Approval

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

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

Occupational Medicine

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Occupational Medicine

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Occupational Medicine

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Oncology

Approval

70450 CT BRAIN, HEAD

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 71250 CT CHEST, THORAX

Oncology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Oncology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Oncology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Oncology Approval 74150 CT ABDOMEN WITHOUT 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	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	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	70450 CT BRAIN, HEAD
Oncology	Disapproval	71250 CT CHEST, THORAX
Oncology	Disapproval	71250 CT CHEST, THORAX
Oncology	Disapproval	71250 CT CHEST, THORAX
Oncology	Disapproval	71250 CT CHEST, THORAX

Oncology	Disapproval	71250 CT CHEST, THORAX
Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Oncology Ophthalmology	Disapproval Approval	74176 CT ABD & PELVIS W/O CONTRAST 70450 CT BRAIN, HEAD
Ophthalmology Ophthalmology	Approval Approval	70450 CT BRAIN, HEAD 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
Ophthalmology Ophthalmology	Approval Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC. 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Ophthalmology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Ophthalmology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
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
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Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
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Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
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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 70544 Mr angiography head 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

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Ophthalmology	Approval	71250 CT CHEST, THORAX
Ophthalmology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Orthopedics	Approval	70450 CT BRAIN, HEAD
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Orthopedics	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE
Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
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Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
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Orthopedics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Orthopedics Approval 71250 CT CHEST, THORAX

Orthopedics Approval 71250 CT CHEST, THORAX

Orthopedics Approval 71250 CT CHEST, THORAX

Orthopedics Approval 71250 CT CHEST, THORAX

Orthopedics Approval 71550 MRI CHEST

Orthopedics Approval 71550 MRI CHEST

Orthopedics

Approval

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Orthopedics

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

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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 72131 CT LUMBAR SPINE, LOW BACK

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK
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Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK
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Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

Orthopedics Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
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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 72196 MRI PELVIS

Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY

Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY

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73200 CT ARM OR UPPER EXTREMITY

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Approval

73200 CT ARM OR UPPER EXTREMITY

Approval

73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Orthopedics

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73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

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73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

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73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

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73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

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Orthopedics

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73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Approval

73221 MRI JOINT OF UPPER EXTREMITY

Orthopedics Approval 73221 MRI JOINT OF UPPER EXTREMITY

Orthopedics Approval 73221 MRI JOINT OF UPPER EXTREMITY

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Orthopedics Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Orthopedics Approval 78813 PET IMAGING WHOLE BODY

Orthopedics Approval 78813 PET IMAGING WHOLE BODY

Orthopedics Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Orthopedics Disapproval 71250 CT CHEST, THORAX

Orthopedics Disapproval 71250 CT CHEST, THORAX

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71550 MRI CHEST

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72125 CT CERVICAL SPINE, NECK SPINE NO 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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72131 CT LUMBAR SPINE, LOW BACK

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72131 CT LUMBAR SPINE, LOW BACK

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Orthopedics Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Orthopedics

Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Orthopedics

Disapproval

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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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 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	72196 MRI PELVIS
Orthopedics	Disapproval	72196 MRI PELVIS
Orthopedics	Disapproval	73200 CT ARM OR UPPER EXTREMITY
Orthopedics	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Orthopedics	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
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

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Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Orthopedics Disapproval 73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST

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

Orthopedics

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Orthopedics

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Orthopedics

Disapproval

73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

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	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
Osteopath	Approval	70450 CT BRAIN, HEAD
Osteopath	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Osteopath	Approval	71250 CT CHEST, THORAX
Osteopath	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Osteopath	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Osteopath	Approval	72192 CT PELVIS WITHOUT CONTRAST
Osteopath	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Osteopath	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Osteopath	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Osteopath	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Other	Approval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT
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	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Other	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

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

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

Other Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Other Approval 71250 CT CHEST, THORAX

Other Approval 71250 CT CHEST, THORAX

Other Approval 71250 CT CHEST, THORAX

Other Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Other	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Other	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Other	Approval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST
Other	Approval	72196 MRI PELVIS
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 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	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	Disapproval	70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT
Other	Disapproval	70544 Mr angiography head w/o dye
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 74150 CT ABDOMEN WITHOUT CONTRAST

Other Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

Other Disapproval 74176 CT ABD & PELVIS W/O CONTRAST

OTHER O/P DIAG TESTING Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

OTHER O/P DIAG TESTING
Otolaryngology

Approval
Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
70450 CT BRAIN, HEAD

Otolaryngology
Otolaryngology

Approval
Approval

70450 CT BRAIN, HEAD
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

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

Otolaryngology

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

Otolaryngology

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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

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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

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

Otolaryngology

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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	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

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

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

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	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	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

70544 Mr angiography head w/o dye

Otolaryngology

Approval

70544 Mr angiography head w/o dye

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 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 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 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 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 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 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
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Otolaryngology	Approval	71250 CT CHEST, THORAX
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Otolaryngology	Approval	71250 CT CHEST, THORAX
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Otolaryngology	Approval	71250 CT CHEST, THORAX
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Otolaryngology	Approval	71250 CT CHEST, THORAX
Otolaryngology	Approval	71550 MRI CHEST
Otolaryngology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Otolaryngology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Otolaryngology	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Otolaryngology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Otolaryngology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Otolaryngology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Otolaryngology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Otolaryngology	Approval	72196 MRI PELVIS
Otolaryngology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Otolaryngology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Otolaryngology	Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST
Otolaryngology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
Otolaryngology	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Otolaryngology

Approval

78813 PET IMAGING WHOLE BODY

Otolaryngology

Approval

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

Otolaryngology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Otolaryngology

Disapproval

70450 CT BRAIN, HEAD

Otolaryngology

Disapproval

70450 CT BRAIN, HEAD

Otolaryngology

Disapproval

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

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 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

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

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

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

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Otolaryngology

Disapproval

72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

Otolaryngology

Disapproval

74176 CT ABD & PELVIS W/O CONTRAST

Otolaryngology

Disapproval

74181 MRI ABDOMEN

Pathology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Pediatric Hematology Pediatrics	Approval Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST 70450 CT BRAIN, HEAD
Pediatrics	Approval	70450 CT BRAIN, HEAD
Pediatrics	Approval	70450 CT BRAIN, HEAD
Pediatrics	Approval	70450 CT BRAIN, HEAD
Pediatrics	Approval	70450 CT BRAIN, HEAD
Pediatrics	Approval	70450 CT BRAIN, HEAD

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	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

Pediatrics Approval 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

Pediatrics Approval 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

Pediatrics Approval 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

Pediatrics Approval 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 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

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

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

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 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

73221 MRI JOINT OF UPPER EXTREMITY

Pediatrics

Approval

73700 CT LEG OR LOWER EXTREMITY

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 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 73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT

Pediatrics Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Pediatrics Approval 74150 CT ABDOMEN WITHOUT CONTRAST

Pediatrics	Approval	74150 CT ABDOMEN WITHOUT 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
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Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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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	75557 Cardiac MRI Morph & structure w/o contrast
Pediatrics	Approval	75557 Cardiac MRI Morph & structure w/o contrast
Pediatrics	Approval	75557 Cardiac MRI Morph & structure w/o contrast
Pediatrics	Approval	76390 Mr spectroscopy
Pediatrics	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Pediatrics Disapproval 70450 CT BRAIN, HEAD

Pediatrics Disapproval 70450 CT BRAIN, HEAD

Pediatrics Disapproval 70450 CT BRAIN, HEAD

Pediatrics Disapproval 70450 CT BRAIN, HEAD

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

Pediatrics Disapproval 70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST

Pediatrics Disapproval 71250 CT CHEST, THORAX

Pediatrics Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Pediatrics Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Pediatrics Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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
Pediatrics	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Physical Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Physical Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Plastic Surgery	Approval	70450 CT BRAIN, HEAD
Plastic Surgery	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.
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	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Plastic Surgery	Approval	71250 CT CHEST, THORAX
Plastic Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Plastic Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Plastic Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Plastic Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Plastic Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Plastic Surgery	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Plastic Surgery	Disapproval	71250 CT CHEST, THORAX
Podiatry	Approval	70450 CT BRAIN, HEAD
Podiatry	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Podiatry	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
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

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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
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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

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Podiatry

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

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

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

Psychiatry	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Psychiatry	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Psychiatry	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Psychiatry	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Psychiatry	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Pulmonary Medicine	Approval	70450 CT BRAIN, HEAD
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 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 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Pulmonary Medicine Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
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
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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	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	74176 CT ABD & PELVIS W/O CONTRAST
Pulmonary Medicine	Approval	74176 CT ABD & PELVIS 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

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

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

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 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

S8032 Low-dose Computed Tomography For Lung Cancer Screening

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

Pulmonary Medicine Disapproval 71250 CT CHEST, THORAX

Pulmonary Medicine Disapproval 71250 CT CHEST, THORAX

Pulmonary Medicine Disapproval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
Radiation Oncology Approval 70450 CT BRAIN, HEAD

Radiation Oncology
Radiation Oncology

Approval
Approval

70450 CT BRAIN, HEAD
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

Radiation Oncology
Radiation Oncology

Approval
Approval

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
70540 MRI ORBIT/FACE/NECK W/O DYE

Radiation Oncology
Radiation Oncology

Approval
Approval

70540 MRI ORBIT/FACE/NECK W/O DYE
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Radiation Oncology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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

Radiation Oncology	Approval	72192 CT PELVIS WITHOUT CONTRAST
Radiation Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Radiation Oncology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST

Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST
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Radiation Oncology

Approval

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

Radiation Oncology

Approval

78813 PET IMAGING WHOLE BODY

Radiation Oncology

Approval

78813 PET IMAGING WHOLE BODY

Radiation Oncology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Radiation Oncology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Radiation Oncology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Radiation Oncology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Radiation Oncology

Approval

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Radiation Oncology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE
Radiation Oncology	Disapproval	71550 MRI CHEST
Radiation Oncology	Disapproval	72196 MRI PELVIS
Radiation Oncology	Disapproval	74181 MRI ABDOMEN

Radiation Oncology Radiology	Disapproval Approval	77058 MRI breast,without and/or with contrast material(s);unilateral 70544 Mr angiography head w/o dye
Radiology	Approval	70544 Mr angiography head w/o dye
Radiology Radiology	Approval Approval	70547 Mr angiography neck w/o dye 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Radiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Radiology	Approval	71250 CT CHEST, THORAX
Radiology Radiology Radiology Radiology	Approval Approval Approval Approval	72131 CT LUMBAR SPINE, LOW BACK 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST 72196 MRI PELVIS 74150 CT ABDOMEN WITHOUT CONTRAST
Radiology Radiology Radiology	Approval Approval Approval	74150 CT ABDOMEN WITHOUT CONTRAST 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST 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	74181 MRI ABDOMEN
Radiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING

Radiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
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Radiology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
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Radiology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
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Radiology	Disapproval	72196 MRI PELVIS
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Rehabilitations

Approval

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

Rehabilitations

Approval

72131 CT LUMBAR SPINE, LOW BACK

Rehabilitations

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Rehabilitations

Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER 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

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Rehabilitations

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Rehabilitations	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rehabilitations	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rehabilitations	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rheumatology	Approval	70450 CT BRAIN, HEAD
Rheumatology	Approval	70450 CT BRAIN, HEAD
Rheumatology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Rheumatology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO 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

Rheumatology Approval 71250 CT CHEST, THORAX

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

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	72196 MRI PELVIS
Rheumatology	Approval	72196 MRI PELVIS
Rheumatology	Approval	72196 MRI PELVIS
Rheumatology	Approval	72196 MRI PELVIS
Rheumatology	Approval	72196 MRI PELVIS
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 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 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	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
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Approval 73221 MRI JOINT OF UPPER EXTREMITY

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

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73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Approval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Approval 73700 CT LEG OR LOWER 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	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	74150 CT ABDOMEN WITHOUT 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	Approval	74181 MRI ABDOMEN
Rheumatology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral
Rheumatology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL
Rheumatology	Disapproval	70450 CT BRAIN, HEAD
Rheumatology	Disapproval	71250 CT CHEST, THORAX
Rheumatology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Rheumatology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK

Rheumatology

Disapproval

72131 CT LUMBAR SPINE, LOW BACK

Rheumatology

Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

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	72192 CT PELVIS WITHOUT CONTRAST
Rheumatology	Disapproval	72196 MRI PELVIS
Rheumatology	Disapproval	72196 MRI PELVIS
Rheumatology	Disapproval	72196 MRI PELVIS
Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT
Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology

Disapproval

73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology

Disapproval

73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology

Disapproval

73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology Disapproval 73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT

Rheumatology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology

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73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology

Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Rheumatology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT
Rheumatology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Rheumatology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Sports Medicine	Approval	70450 CT BRAIN, HEAD
Sports Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK

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	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	74176 CT ABD & PELVIS W/O CONTRAST
Surgery	Approval	70450 CT BRAIN, HEAD
Surgery	Approval	70450 CT BRAIN, HEAD
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	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Surgery	Approval	70547 Mr angiography neck w/o dye
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
Surgery	Approval	71250 CT CHEST, THORAX
Surgery	Approval	71250 CT CHEST, THORAX
Surgery	Approval	71250 CT CHEST, THORAX
Surgery	Approval	71250 CT CHEST, THORAX
Surgery	Approval	71250 CT CHEST, THORAX
Surgery	Approval	71250 CT CHEST, THORAX
Surgery	Approval	71250 CT CHEST, THORAX
Surgery	Approval	71250 CT CHEST, THORAX
Surgery	Approval	71250 CT CHEST, THORAX
Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK
Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK
Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT 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	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	72192 CT PELVIS WITHOUT CONTRAST
Surgery	Approval	72196 MRI PELVIS
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	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

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

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 73221 MRI JOINT OF UPPER EXTREMITY

Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY

Surgery Approval 73221 MRI JOINT OF UPPER EXTREMITY
Surgery Approval 73706 CT ANGIOGRAPHY LOWER EXTREMITY

Surgery Approval 73706 CT ANGIOGRAPHY 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

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

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

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

Surgery Approval 74150 CT ABDOMEN WITHOUT CONTRAST

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

Surgery Approval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS 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

Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST

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 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST

Surgery Approval 74181 MRI ABDOMEN

Surgery	Approval	74181 MRI ABDOMEN
Surgery	Approval	74181 MRI ABDOMEN
Surgery	Approval	74181 MRI ABDOMEN
Surgery	Approval	74181 MRI ABDOMEN
Surgery	Approval	74181 MRI ABDOMEN
Surgery Surgery	Approval Approval	74181 MRI ABDOMEN 74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST

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

Surgery Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Surgery Approval S8037 mrcp

Surgery Approval S8037 mrcp

Surgery Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Surgery Disapproval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Surgery Disapproval 71250 CT CHEST, THORAX

Surgery Disapproval 71250 CT CHEST, THORAX

Surgery	Disapproval	71250 CT CHEST, THORAX
Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
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	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 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Surgery Disapproval 73200 CT ARM OR UPPER EXTREMITY

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

Surgery Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Surgery Disapproval 74150 CT ABDOMEN WITHOUT 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

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

Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Surgery	Disapproval	78813 PET IMAGING WHOLE BODY
Surgery	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Surgery	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Surgical Oncology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
Surgical Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
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 71250 CT CHEST, THORAX

Surgical Oncology Approval 71250 CT CHEST, THORAX

Surgical Oncology Approval 71250 CT CHEST, THORAX

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

Surgical Oncology Approval 78813 PET IMAGING 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 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Thoracic Surgery Approval 71250 CT CHEST, THORAX

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 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

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

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

Thoracic Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Thoracic Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Thoracic Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
Thoracic Surgery	Approval	75572 CT Heart
Thoracic Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Thoracic Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING
Thoracic Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Thoracic Surgery	Approval	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	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	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 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 70540 MRI ORBIT/FACE/NECK W/O DYE

Unknown Approval 70540 MRI ORBIT/FACE/NECK 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 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

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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

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

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Unknown Approval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Unknown Approval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

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 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	72125 CT CERVICAL SPINE, NECK SPINE 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	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

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	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	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

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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 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
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Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY
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Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY
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Unknown Approval 73221 MRI JOINT OF UPPER EXTREMITY

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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 73700 CT LEG OR LOWER EXTREMITY

Unknown Approval 73700 CT LEG OR LOWER EXTREMITY

Unknown Approval 73700 CT LEG OR LOWER EXTREMITY

Unknown Approval 73706 CT ANGIOGRAPHY 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	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 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 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 74176 CT ABD & PELVIS W/O CONTRAST

Unknown Approval 74181 MRI ABDOMEN

Unknown Approval 74181 MRI ABDOMEN

Unknown	Approval	74181 MRI ABDOMEN
Unknown	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST
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	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 78472 CARDIAC OR HEART BLOOD POOL IMAGING

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

Unknown	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening
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	70450 CT BRAIN, HEAD
Unknown	Disapproval	70450 CT BRAIN, HEAD
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Unknown	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
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	72125 CT CERVICAL SPINE, NECK SPINE NO 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 72148 MRI LUMBAR SPINE OR LOW 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

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 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 73700 CT LEG OR LOWER 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 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 74150 CT ABDOMEN WITHOUT CONTRAST

Unknown Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

Unknown Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST

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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST
Unknown	Disapproval	74181 MRI ABDOMEN
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study

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

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

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

Urology Approval 71250 CT CHEST, THORAX

Urology Approval 71250 CT CHEST, THORAX

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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 71250 CT CHEST, THORAX
Urology Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Urology Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER 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 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

Urology Approval 72192 CT PELVIS WITHOUT CONTRAST

Urology Approval 72192 CT PELVIS WITHOUT CONTRAST

Urology Approval 72192 CT PELVIS WITHOUT CONTRAST
Urology Approval 72196 MRI PELVIS

Urology Approval 72196 MRI PELVIS

Urology Approval 72196 MRI PELVIS

Urology	Approval	72196 MRI PELVIS
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	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	74150 CT ABDOMEN WITHOUT CONTRAST
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST

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

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

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 Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY

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	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
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	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Urology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Urology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
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
Vascular Surgery

Approval
Approval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST

Vascular Surgery
Vascular Surgery

Approval
Approval

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

Vascular Surgery
Vascular Surgery
Vascular Surgery

Approval
Approval
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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

Vascular Surgery
Vascular Surgery

Approval
Approval

74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
74176 CT ABD & PELVIS W/O CONTRAST

Vascular Surgery
Vascular Surgery
Vascular Surgery

Approval
Approval
Approval

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

Vascular Surgery

Approval

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

reason_for_denial

indication_offered

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Absuess; 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.; 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 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 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"

increased density in left maxillary sinus suggest opacification from inflammatory disease; "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.

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)

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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

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 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.

pt is having loss of memory; 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).

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 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

Tremors; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

unequal pupils; 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.

"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 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.

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.

history of scoliosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2015; There has been treatment or conservative therapy.; pain, spasms, radiculopathy, scoliosis; PT, NSAIDS

history of scoliosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2015; There has been treatment or conservative therapy.; pain, spasms, radiculopathy, scoliosis; PT, NSAIDS

Lumbar Spine/Lower back:  INSPECTION: tender right SI joint, also palpable mass/spasm?? left SI area, mobile, tender.  STRAIGHT LEG RAISING TEST: equivocal.  REFLEXES: left 2+, right diminished, difficult to elicit.  Cervi; This study is being ordered for trauma or injury.; Patient states that she fell on 12/9/14 and hit right hip.; There has been treatment or conservative therapy.; ; Patient has been seeing a chiropractor with no improvement. Has also tried Aleve/Ibuprofen.

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; 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/2014; There has not been any treatment or conservative therapy.; pain , weakness and numbness

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.

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/2014; There has not been any treatment or conservative therapy.; pain , weakness and numbness

history of gastric ulcers; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; inceds, muscle relaxers, aspirin, steroids

Lumbar Spine/Lower back:  INSPECTION: tender right SI joint, also palpable mass/spasm?? left SI area, mobile, tender.  STRAIGHT LEG RAISING TEST: equivocal.  REFLEXES: left 2+, right diminished, difficult to elicit.  Cervi; This study is being ordered for trauma or injury.; Patient states that she fell on 12/9/14 and hit right hip.; There has been treatment or conservative therapy.; ; Patient has been seeing a chiropractor with no improvement. Has also tried Aleve/Ibuprofen. none; 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 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 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)

X RAY WAS PERFORMED AND SHOWED THAT PATIENT HAD SCOLOSIS, WITH SOME DDD, AND ARTHRITIS. WE FEEL THAT A MRI WOULD HELP DETERMINE THE PROGNOSIS AND TREATMENT PLAN THAT WILL BEST BENEFIT 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.; 03-19-2015 was the first date seen with symptoms at our facility. Unknown if this is reoccurring; There has been treatment or conservative therapy.; C/O LEFT HIP , PAIN RADIATES ALL THE WAY DOWN HER LEFT LEG TO HER FOOT AND CAUSES NUMBNESS. OCCASIONALLY WILL GO DOWN BOTH LEGS NOW. REPORTS PAIN SHARP IN NATURE, AND DEBILATING AT TIMES, UNABLE TO WALK. HER PAIN AND SYMPTOMS HAVE CONT. TO WORSEN, AFTER C; She has tried Mobic, Flexeril, Medrol dose pack, she also tried Physical Therapy with no improvement. She is currently using a TENS Unit for the pain, as well as heating pad to help with inflammation unknown; 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.

had a ct and radiologist recommended 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.; 11/15/11; There has not been any treatment or conservative therapy.; right lower quadrant pain 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.
Pt fell.; This study is being ordered for trauma or injury.; 9-13-2015; There has not been any treatment or conservative therapy.; Pain, swelling and impaired circulation to hand.

Pt fell.; This study is being ordered for trauma or injury.; 9-13-2015; There has not been any treatment or conservative therapy.; Pain, swelling and impaired circulation to 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."; < Enter answer here - or Type In Unknown If No Info Given. >

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 being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; To assess superior labrum anterior-posterior tear or rupture. Weakness and pain upon horizontal abduction.

The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

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 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.

n/a; This study is being ordered for trauma or injury.; 8/4/2015; There has been treatment or conservative therapy.; joint pain worst in morning , also throught out the day radiating down his leg , swollen joint , joints are locking as well; medications , injections

patient has pain and swelling; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Redness; No, patient has not completed and failed a course of conservative treatment.

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 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 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.; 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 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 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 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 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 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 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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

sever acute abdominal pain in left upper quadrat; 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 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.; 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.; 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 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

Auscultation - hypoactive bowel sounds. Anterior palpation - tenderness, epigastric, right mid & lower quadrant. ABDOMINAL PAIN, CONSTIPATION, NAUSEA, RIGHT MID TO LOWER ABD PAIN, FOLLOW UP CROHNS DISEASE; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.

Carlos Smith is a 32 y.o. Male who is well known to the trauma clinic from a GSW to the abdomen on 7/21 that required exploratory laparotomy and right hemicolectomy with primary anastomosis with ileocolonic reconstruction and repair of serosal tear x 1. ; This is a 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.

diarrhea for 5 days and diffuse on physical exam//right upper and left upper quadrant cramping; This is a 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 shortness of breath; 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.

Pt is having hematuria, dysuria, weak stream, pain and discomfort. Hx of 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.; A rectal exam was not performed.

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.; 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 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.; 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 Pyelonephritis.  Patient has UTI, back pain. Was seen on 8/10/2015 for symptoms and seen 8/13/2015 and no improvement.

This is 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; <Enter Additional Clinical Information>

This is 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 weeks mild achiness/pinching off and on at one point on abdomen, associated with increased gas, increased BM's from 2 to 3-4 daily. Pt wondering if his hernias are causing problems or affecting his GI tract.

This is 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 inflammatory process is raised, 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; 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; r/o ovarian cyst/ tender to touch history of pcot

This is 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 abscesses, some vomiting, abscesses are having some drainage,

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; tenderness in left lower quad. Very painful. hurts when he has a bowel movement also, possible hernia palpated. noticed pain about 2 years ago but would come and go, has been constant over past couple of weeks and worse when baring down to have a BM.

This is 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 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 not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; The patient has enlarged lymph nodes, mass in supraclavicular region. Apenopathy within the upper ABD. Chest CT was done and 08/18/2015, recommended FU with ABD/PEL Ct.

had a ct and radiologist recommended 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.; 11/15/11; There has not been any treatment or conservative therapy.; right lower quadrant pain

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.
presurgical planning; 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 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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; 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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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

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.; 1993 , recent worsening systems; There has been treatment or conservative therapy.; pain  headaches neck /shoulder pain, worse at night; muscle relaxer  tramadall

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

His L spine MRI did not indicate a spinal stenosis or HNP and he says the pain is deep and occurred when he fell off the bed on his tail bone, I have to wonder if he has a piriformis syndrome or tailbone injury. We will contact ortho for an idea. ; ; He d; This study is being ordered for a neurological disorder.; The symptoms began ~10 years ago. The symptoms are reported as being moderate. The symptoms occur daily. The location is feet, legs. Aggravating factors include unknown. Relieving factors include Lyrica 150 mg two times a day, but it is not helping a lot.; There has been treatment or conservative therapy.; ; lovastatin 20 mg tablet; take 1 tablet by oral route every day with the evening meal; 02/23/2014; ; ; Prozac 20 mg capsule; take 1 capsule by oral route every day in the morning; 03/25/2014; ; ; Lyrica 75 mg capsule; take 2 capsules (150MG) route 2 ti

Radiology Services Denied Not Medically Necessary

Patient went to ER following wreck to get checked out. Patient was sent home but returned due to vomiting x 2 days after wreck. Upon second visit to ER they scanned and could not find anything. Now patient is having headaches, floaters in Right eye and; This study is being ordered for trauma or injury.; April 2015; There has not been any treatment or conservative therapy.; Neck pain, daily headaches, floater in Right eye, crepitus in neck and decreased range of motion.

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

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.; 1993 , recent worsening systems; There has been treatment or conservative therapy.; pain ; headaches; neck /shoulder pain, worse at night; muscle relaxer ; tramadol

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; Sept 2014; There has been treatment or conservative therapy.; pain; physical therapy, medications and flexeril, Mobic

Radiology Services Denied Not Medically Necessary

HIs L spine MRI did not indicate a spinal stenosis or HNP and he says the pain is deep and occurred when he fell off the bed on his tail bone, I have to wonder if he has a piriformis syndrome or tailbone injury. We will contact ortho for an idea.   He d; This study is being ordered for a neurological disorder.; The symptoms began ~10 years ago. The symptoms are reported as being moderate. The symptoms occur daily. The location is feet, legs. Aggravating factors include unknown. Relieving factors include lyrica 150 mg two times a day, but it is not helping a lot.; There has been treatment or conservative therapy.; ; lovastatin 20 mg tablet take 1 tablet by oral route every day with the evening meal 02/23/2014   Prozac 20 mg capsule take 1 capsule by oral route every day in the morning 03/25/2014   Lyrica 75 mg capsule take 2 capsules (150MG) route 2 ti

Radiology Services Denied Not Medically Necessary

Patient went to ER following wreck to get checked out. Patient was sent home but returned due to vomiting x 2 days after wreck. Upon second visit to ER they scanned and could not find anything. Now patient is having headaches, floaters in Right eye and; This study is being ordered for trauma or injury.; April 2015; There has not been any treatment or conservative therapy.; Neck pain, daily headaches, floater in Right eye, crepitus in neck and decreased range of motion.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; unknown; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient does not have any of the above listed items; The pain did NOT begin within the past 6 weeks.

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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; Sept 2014; There has been treatment or conservative therapy.; pain; physical therapy, medications and flexeril, Mobic

Radiology Services Denied Not Medically Necessary

Patient had x-ray that showed mild scoliosis however has not any further diagnostic testing done to rule out nerve damage.; This study is 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.; Patient has shooting pain down bilateral legs and sometimes just in left thigh area but also has pain that radiates into left calf and knee.; MEDICATIONS, 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.; unknown; It is not known if there has been any treatment or conservative therapy.; Back pain and burning sensation in the back region.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient had x-ray that showed mild scoliosis however has not any further diagnostic testing done to rule out nerve damage.; This study is 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.; Patient has shooting pain down bilateral legs and sometimes just in left thigh area but also has pain that radiates into left calf and knee.; MEDICATIONS, PHYSICAL THERAPY

Radiology Services Denied Not Medically Necessary

Patient has decreased range of motion. This has been going on for past six months, pain is constant and gradually worsening.; The study 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 legs, instability.; The patient does not have new signs or symptoms of 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

Pt has leg numbness on the left side; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
The study requested is a Lumbar Spine MRI.; The patient has acute or chronic 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.; unknown; It is not known if there has been any treatment or conservative therapy.; Back pain and burning sensation in the back region.

Radiology Services Denied Not Medically Necessary

; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.

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

X RAY WAS PERFORMED AND SHOWED THAT PATIENT HAD SCOLOSISES, WITH SOME DDD, AND ARTHRITIS. WE FEEL THAT A MRI WOULD HELP DETERMINE THE PROGNOSIS AND TREATMENT PLAN THAT WILL BEST BENEFIT 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.; 03-19-2015 was the first date seen with symptoms at our facility. Unknown if this is reoccurring; There has been treatment or conservative therapy.; C/O LEFT HIP , PAIN RADIATES ALL THE WAY DOWN HER LEFT LEG TO HER FOOT AND CAUSES NUMBNESS. OCCASIONALLY WILL GO DOWN BOTH LEGS NOW. REPORTS PAIN SHARP IN NATURE, AND DEBILATING AT TIMES, UNABLE TO WALK. HER PAIN AND SYMPTOMS HAVE CONT. TO WORSEN, AFTER C; She has tried Mobic, Flexeril, Medrol dose pack, she also tried Physical Therapy with no improvement. She is currently using a TENS Unit for the pain, as well as heating pad to help with inflammation

Radiology Services Denied Not Medically Necessary

No relief of 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 an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Nausea; splinting of left upper quad

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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

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)

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; 1. CIU/angioedema: On omalizumab with good relief of symptoms (150mg monthly). Stopped plaquenil one month ago secondary to concerns of increased numbers of bronchitis requiring hospitalization. Will decrease to zyrtec 10mg po BID. Stop zantac. Contin; "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 request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; to determine if its edema, has bilateral leg edema

Radiology Services Denied Not Medically Necessary

suspected lymphadenopathy r/o; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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 request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

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.

CT scan after pump check myelogram/catheter dye study; This study is being ordered for trauma or injury.; Unknown; It is not known if there has been any treatment or conservative therapy.; Nauseating pain and weakness in right leg and lower back. Back spasm

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;

CT scan after pump check myelogram/catheter dye study; This study is being ordered for trauma or injury.; Unknown; It is not known if there has been any treatment or conservative therapy.; Nauseating pain and weakness in right leg and lower back. Back spasm

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/2/2015; There has been treatment or conservative therapy.; cervical and lumbar pain; pain medications and Home excersice

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2011; There has been treatment or conservative therapy.; numbness and tingling in all four extremities, lbp radiating in both legs, bilateral shoulder pain going into arms, weakness, bowel/bladder dysfunction; massage 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.; NECK AND BACK PAIN; X-RAY'S, CHIROPRACTIC THERAPY, FLEXERIL, TRAMADOL, OTC PAIN CREAMS, PHYSICAL THERAPY

Conservative therapy unsuccessful and pain continues to increase.; This study is being ordered for trauma or injury.; Eight years ago; There has been treatment or conservative therapy.; Pain in shoulders, neck, back, both legs. Increased pain in shins while walking. Pain is aching, throbbing, shooting, numbness/tingling. and sharp, leg weakness; NSAID's, OTC's, physical therapy, rest, heat therapy, ice, massage

Going to try PT once pain is better controlled; This study is 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.; Neck pain, radicular pain neck, LBP; NSAIDs, CHIRO, XRAYS

HAS HAD A SERIES OF SACROILIAC JOINT INJECTIONS WITHOUT MUCH RELIEF.; This study is being ordered for a neurological disorder.; JANUARY 2015; There has been treatment or conservative therapy.; CHRONIC NECK AND BACK PAIN.; SOME NUMBNESS IN FEET.; HAS TRIED NORCO 5, 7.5 AND 10MG, GABAPENTIN, VICOPROFEN, SACROILIAC JOINT INJECTIONS

Numbness and tingling in upper extremities. Sharp, aching, burning, radiating pain in the mid back. Patient at this point is considering implantable pain pump if not a candidate for any further spine surgeries.; This study is being ordered for trauma or injury.; 06/26/2014; There has been treatment or conservative therapy.; Severe pain in the thoracic and cervical spine unrelieved with conservative treatment. Pain radiates into bilateral upper extremities.; Epidural Steroid Injection in both thoracic and cervical spine. Physical therapy and narcotic analgesics along with NSAIDs. Patient has had prior Kyphoplasty procedures in the thoracic spine.

Radiate down right leg to knee occasionally to foot, numbness and tingling in both 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.; 1990; There has not been any treatment or conservative therapy.; Chronic low back and neck pain

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.; 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 not have 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; 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.

This study is 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

To determine source of increased pain; This study is being ordered for trauma or injury.; before 11/07/2015; There has been treatment or conservative therapy.; The patient describes the pattern of pain as constant with intermittent flare-ups. Describes the quality of increased pain as aching, burning, and sharp.; OTC meds, NSAIDS, cold/heat therapy

Conservative therapy unsuccessful and pain continues to increase.; This study is being ordered for trauma or injury.; Eight years ago; There has been treatment or conservative therapy.; Pain in shoulders, neck, back, both legs. Increased pain in shins while walking. Pain is aching, throbbing, shooting, numbness/tingling. and sharp, leg weakness; NSAID's, OTC's, physical therapy, rest, heat therapy, ice, massage

Numbness and tingling in upper extremities. Sharp, aching, burning, radiating pain in the mid back. Patient at this point is considering implantable pain pump if not a candidate for any further spine surgeries.; This study is being ordered for trauma or injury.; 06/26/2014; There has been treatment or conservative therapy.; Severe pain in the thoracic and cervical spine unrelieved with conservative treatment. Pain radiates into bilateral upper extremities.; Epidural Steroid Injection in both thoracic and cervical spine. Physical therapy and narcotic analgesics along with NSAIDs. Patient has had prior Kyphoplasty procedures in the thoracic spine.

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.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/2/2015; There has been treatment or conservative therapy.; cervical and lumbar pain; pain medications and Home exercise

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2011; There has been treatment or conservative therapy.; numbness and tingling in all four extremities, lbp radiating in both legs, bilateral shoulder pain going into arms, weakness, bowel/bladder dysfunction; massage 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.; 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.

; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.;;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; ; There has been treatment or conservative therapy.;;

; This study is 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.; NECK AND BACK PAIN; X-RAY'S, CHIROPRACTIC THERAPY, FLEXERIL, TRAMADOL, OTC PAIN CREAMS, PHYSICAL THERAPY

; This study is being ordered for trauma or injury.;; ; There has been treatment or conservative therapy.;;

chronic 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

Going to try PT once pain is better controlled; This study is 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.; Neck pain, radicular pain neck, LBP; NSAIDs, CHIRO, XRAYS

HAS HAD A SERIES OF SACROILIAC JOINT INJECTIONS WITHOUT MUCH RELIEF.; This study is being ordered for a neurological disorder.; JANUARY 2015; There has been treatment or conservative therapy.; CHRONIC NECK AND BACK PAIN.; SOME NUMBNESS IN FEET.; HAS TRIED NORCO 5, 7.5 AND 10MG, GABAPENTIN, VICOPROFEN, SACROILIAC JOINT INJECTIONS

increased pain and symptoms worsening; The study 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 and pain upon standing and weight bearing; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

MDO bypassed the clinical questions.; 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.

Patient diabetic, in and out of the hospital; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiate down right leg to knee occasionally to foot, numbness and tingling in both 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.; 1990; There has not been any treatment or conservative therapy.; Chronic low back and neck pain

radicular pain to lower left 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.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.;

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 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)

To determine source of increased pain; This study is being ordered for trauma or injury.; before 11/07/2015; There has been treatment or conservative therapy.; The patient describes the pattern of pain as constant with intermittent flare ups. Describes the quality of increased pain as aching, burning, and sharp.; OTC meds, NSAIDS, cold/heat therapy

topical pain creams, medications for nerve pain, on a break thru medication, history of spondelosis, can't walk no more than 100 ft before stopping to 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.; 10/31/2013; There has been treatment or conservative therapy.; pain, lower extremity pain and weakness; PT, injections, nerve blocks, chiropractor, muscle relaxer, steroids, medial block nerve blocks. no response to any of the therapy or treatments

LOW BACK PAIN, CONSTANT, THROBBING THAT RADIATES INTO FOOT; 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."; "The caller does not know whether there are active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "Caller does not know whether there are radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "Caller does not know if there are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.

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 a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

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

Increased and gotten worse; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2014; There has been treatment or conservative therapy.; Neck and Lower back pain, Has medal in body cant have MRI; Anti anflammotory

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/1/2012; There has been treatment or conservative therapy.; neck, shoulder, back pain, radiating into leg; PT, NSAIDS, Occup. 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 trauma or injury.; ; 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

Check function of pain pump catheter due to end of life and rule out any nerve impingement; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; thoracic/ lumbar spine pain that radiates into the bilateral lower extremities; PT, epidural steroid injection, medication therapy

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/1/2012; There has been treatment or conservative therapy.; neck, shoulder, back pain, radiating into leg; PT, NSAIDS, Occup. 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 trauma or injury.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

Check function of pain pump catheter due to end of life and rule out any nerve impingement; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; thoracic/ lumbar spine pain that radiates into the bilateral lower extremities; PT, epidural steroid injection, medication therapy

Radiology Services Denied Not Medically Necessary

Increased and gotten worse; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2014; There has been treatment or conservative therapy.; Neck and Lower back pain, Has medal in body cant have MRI; Anti anflammotory

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; chronic pain; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 20+yrs; There has been treatment or conservative therapy.; chronic spinal pain and joint pain, numbness and tingling,; chiro care, meds, home exercise

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 FOR SEVERAL YEARS started in 1996; There has been treatment or conservative therapy.; neck and lower back pain  neck pain radiates to both of his arms; physical therapy and injections  on pain medications

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 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.; PAIN IN NECK THAT RADIATES INTO SHOULDERS AND PAIN IN BACK THAT RADIATES INTO LEGS; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; PHYSICAL THERAPY, MEDICATIONS

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

Enter answer here - or Type In Unknown If No Info Given; Patient notes also hypesthesia in both forarms and dorsum of both hands. patient states also complaint of pins and needles experienced on the palmar surface of each hand.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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

increased neck and right shoulder pain with numbness and tingling in upper extremities.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/15/15; There has been treatment or conservative therapy.; chronic neck and right shoulder pain; physical therapy and increased opiate medication

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.; since 1993; There has been treatment or conservative therapy.; pt has low back pain radiating down bilateral legs. Neck pain that is radiating to left arm. Bot have numbness and tingling; pain medications ,

Radiology Services Denied Not Medically Necessary

PATIENT HAS BEEN THROUGH PT, HAS TRIED NUMEROUS DRUGS AND SACROILIAC JOINT INJECTIONS WITHOUT RELIEF.; This study is being ordered for a neurological disorder.; 2000; There has been treatment or conservative therapy.; CHONIC NECK, BACK AND BILATERAL KNEE PAIN; PT, MEDICATIONS AND INJECTIONS

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; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Trauma or recent injury; Increased cervical spine pain post MVA causing traumatic injury. Pain unrelieved at this time after round of conservative treatment.; 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; MVA in 2015, no imaging, pain w/o relief; No, the patient does not have new or changing neurological signs or symptoms.

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.; 1990; There has been treatment or conservative therapy.; pain down left leg to knee into foot/constant shooting pain/numbness and tingling in both hands/has problem gripping on to objects; physical therapy/medication therapy

Radiology Services Denied Not Medically Necessary

wants to evaluate because he is having post surgical 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.; 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

Increased Pain that is barely controlled by medication or therapy.; This study is being ordered for trauma or injury.; More than one year; There has been treatment or conservative therapy.; Neck pain, lower and mid back pain. Aching, throbbing, tender, pins and needles. Pain radiates to lower extremities.; Physical therapy, water therapy, yoga, OTC, NSAID's, massage

Radiology Services Denied Not Medically Necessary

This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for trauma or injury.; Before 10/15/2014; There has been treatment or conservative therapy.; The patient presents for follow up for chronic pain management due to neck and complete back pain that radiates into bilateral upper and lower extremities. The patient describes the pattern of pain as constant with intermittent flare ups. Describes the ; Medication and heat/ice therapy

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in lower legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; chronic pain; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 20+yrs; There has been treatment or conservative therapy.; chronic spinal pain and joint pain, numbness and tingling,; chiro care, meds, home exercise

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 FOR SEVERAL YEARS started in 1996; There has been treatment or conservative therapy.; neck and lower back pain  neck pain radiates to both of his arms; physical therapy and injections  on pain medications

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is 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

; 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.; PAIN IN NECK THAT RADIATES INTO SHOULDERS AND PAIN IN BACK THAT RADIATES INTO LEGS; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; PHYSICAL THERAPY, MEDICATIONS

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unknown If No Info Given; Patient pain is aching hot-burning ,numbness,pins needles like,sharp,shooting,throbbing,tingling and spreading.; Neurological:There is gait disturbance reported.; 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

Had spine injection 4/2015, scheduled for another 8/18/2015; 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

Increased Pain that is barely controlled by medication or therapy.; This study is being ordered for trauma or injury.; More than one year; There has been treatment or conservative therapy.; Neck pain, lower and mid back pain. Aching, throbbing, tender, pins and needles. Pain radiates to lower extremities.; Physical therapy, water therapy, yoga, OTC, NSAID's, massage

Radiology Services Denied Not Medically Necessary

Injury to the lumbar spine 3 weeks ago. Symptoms are persistent and consistent with no change. Lumbar pain radicular to bilateral lower extremities. Medications not effective. PT tried and failed previously. Gait is antalgic. Sensation is decreased with w; 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.; Right lower extremity worse than left lower extremity. Straight leg raise positive for bilateral lower extremity. Gait abnormal. Sensation decreased 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

Md wants to find root cause for back pain and to determine if Pt could have epidural injection.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.; Hydrocodone

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.; since 1993; There has been treatment or conservative therapy.; pt has low back pain radiating down bilateral legs. Neck pain that is radiating to left arm. Bot have numbness and tingling; pain medications ,

Radiology Services Denied Not Medically Necessary

PATIENT HAS BEEN THROUGH PT, HAS TRIED NUMEROUS DRUGS AND SACROILIAC JOINT INJECTIONS WITHOUT RELIEF.; This study is being ordered for a neurological disorder.; 2000; There has been treatment or conservative therapy.; CHONIC NECK, BACK AND BILATERAL KNEE PAIN; PT, MEDICATIONS AND INJECTIONS

Radiology Services Denied Not Medically Necessary

Surveillance; The study 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 located in 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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic 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.; unknown; It is not known if there has 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.; 1990; There has been treatment or conservative therapy.; pain down left leg to knee into foot/constant shooting pain/numbness and tingling in both hands/has problem gripping on to objects; physical therapy/medication therapy

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for trauma or injury.; Before 10/15/2014; There has been treatment or conservative therapy.; The patient presents for follow up for chronic pain management due to neck and complete back pain that radiates into bilateral upper and lower extremities. The patient describes the pattern of pain as constant with intermittent flare ups. Describes the ; Medication and heat/ice therapy

Radiology Services Denied Not Medically Necessary

CHRONIC PAIN IN SACROILIAC JOINTS; 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

Radiology Services Denied Not Medically Necessary

This is for a gun shot wound that member is having complications from!; 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.

Radiology Services Denied Not Medically Necessary

increased neck and right shoulder pain with numbness and tingling in upper extremities.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/15/15; There has been treatment or conservative therapy.; chronic neck and right shoulder pain; physical therapy and increased opiate medication

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

PATIENT HAS BEEN THROUGH PT, HAS TRIED NUMEROUS DRUGS AND SACROILIAC JOINT INJECTIONS WITHOUT RELIEF.; This study is being ordered for a neurological disorder.; 2000; There has been treatment or conservative therapy.; CHONIC NECK, BACK AND BILATERAL KNEE PAIN; PT, MEDICATIONS AND INJECTIONS

Radiology Services Denied Not Medically Necessary

topical pain creams, medications for nerve pain, on a break thru medication, history of spondelosis, can't walk no more than 100 ft before stopping to 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.; 10/31/2013; There has been treatment or conservative therapy.; pain, lower extremity pain and weakness; PT, injections, nerve blocks, chiropractor, muscle relaxer, steroids, medial block nerve blocks. no response to any of the therapy or treatments

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 20+yrs; There has been treatment or conservative therapy.; chronic spinal pain and joint pain, numbness and tingling,; chiro care, meds, home exercise

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.

6 month 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.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.

Follow up from lung biopsy for mediastinal adenopathy.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.

43 y/o female with hx of DM and shortness of breath presented to Dr. Sherbet with abnormal stress test, she then had a left heart cath and was found to have severe proximal LAD disease . She occasionally has chest pain at rest. The patient states that she; 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.

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.; 2 years ago; There has not been any treatment or conservative therapy.; Palpatations, heart murmur
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.; 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;

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.; 2 years ago; There has not been any treatment or conservative therapy.; Palpatations, heart murmur

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 Pt has an ascending aortic aneurysm, follow up; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

unknown; This study is being ordered for Vascular Disease.; 2012; There has been treatment or conservative therapy.; hypertension, chest discomfort and palpitations, mentioned a heart murmur, strong family hx of heart disease; Previous cardiac testing, Meds

unknown; This study is being ordered for Vascular Disease.; 2012; There has been treatment or conservative therapy.; hypertension, chest discomfort and palpitations, mentioned a heart murmur, strong family hx of heart disease; Previous cardiac testing, Meds

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.

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.

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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; NON SYMPTOMATIC; BLOOD PRESSURE MEDS

documented carotid stenosis greater than 60% by carotid doppler; This study is being ordered for Vascular Disease.; 08/19/1950; There has been treatment or conservative therapy.; dizziness, syncope; aspirin

He has intractable diffuse headache. MRA showed Petrous ICA occlusion; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Pt has Petrous ICA occlusion. carotid is occluded and pt has very sever head aches and has He has intractable diffuse headache.; Pt had MRI of brain that shows Petrous ICA occlusion. has been treated with medications and blood thinners.

Patient has been insufficient and symptom of angina.; This study is being ordered for Vascular Disease.; 07/30/2015; There has not been any treatment or conservative therapy.; patient complain of left leg pain better than right leg fatigue.

unknown; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; complaining of headache, numbness, along with dizziness; unknown

Yes, this is a request for CT Angiography of the brain.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2009; There has been treatment or conservative therapy.; NON SYMPTOMATIC; BLOOD PRESSURE MEDS

documented carotid stenosis greater than 60% by carotid doppler; This study is being ordered for Vascular Disease.; 08/19/1950; There has been treatment or conservative therapy.; dizziness, syncope; aspirin

He has intractable diffuse headache. MRA showed Petrous ICA occlusion; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Pt has Petrous ICA occlusion. carotid is occluded and pt has very sever head aches and has He has intractable diffuse headache.; Pt had MRI of brain that shows Petrous ICA occlusion. has been treated with medications and blood thinners.

Ht 5' 10" (1.778 m) | Wt 345 lb 12.8 oz (156.854 kg) | BMI 49.62 kg/m2. chest pain, hypertension, shortness of breath, EKG showed normal sinus rhythm with RBBB. Will check CT angio to evaluate the severity of carotid artery stenosis. Ultrasound Carotid D; This study is being ordered for Vascular Disease.; This is a recurrent problem. The current episode started more than 2 days ago. The problem occurs every several days. The problem has not changed since onset. Associated symptoms include chest pain and shortness of breath. Nothing aggravates the symptoms. ; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, HTN (hypertension), benign, right carotid stenosis, COPD (chronic obstructive pulmonary disease) with acute bronchitis. EKG showed, normal sinus rhythm with RBBB. Ht 5' 10" (1.778 m) | Wt 345 lb 12.8 oz (156.854 kg) | BM

Patient has been insufficient and symptom of angina.; This study is being ordered for Vascular Disease.; 07/30/2015; There has not been any treatment or conservative therapy.; patient complain of left leg pain better than right leg fatigue.

unknown; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; complaining of headache, numbness, along with dizziness; unknown

Yes, this is a request for CT Angiography of the Neck.

This request is for a Brain MRI; The study is NOT being requested 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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or 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.

"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.

; 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.

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.

ascending aorta 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.

Chest pain describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.

Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; PT HAD CT CHEST 6/25 FOR COUGH DYSPNEA, LUNG NODULE. THIS CT SHOWED SCATTERED VAGUE GROUND GLASS OPACITIES WHICH COULD REPRESENT AREAS OF SUBSEGMENTAL ATELECTASIS VERSUS NON SPECIFIC INFLAMMATORY CHANGE. FOLLOW UP CT WAS RECOMMENDED TO EVALUATE FOR RESOL; "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.

< Enter answer here - or Type In Unknown If No Info Given. >; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/18/2015; There has not been any treatment or conservative therapy.; 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 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 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.

abnormal ekg; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; july 2015; There has been treatment or conservative therapy.; shortness of breath, angina, cough; inhaler for copd ; atorvastatin ; morpherin, spereva, albuterol

Coronary disease; recently had bypass surgery; shortness of breath; 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.

f/u ascending aortic aneurysms.; 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.

Follow-up from aortic aneurysm surgery and atrial fibrillation episode.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/10/2014 had abdominal aortic aneurysm surgery and 2 months later had a episode of atrial fibrillation.; There has been treatment or conservative therapy.; His blood pressure has been elevated in the 140s at home. Being seen for follow-up from episode of atrial fibrillation after his abdominal aortic aneurysm surgery in Sept 2014.; Wore a 30 day event monitor to evaluate for atrial fibrillation burden. 3 month follow-up appointments

hx DVT/PE 11/2014, s/p IVC filter, here to discuss whether to leave it in or remove it, not currently on anticoag or ASA dyspnea, worse with exertion,; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; shortness of breath when walking. hx DVT/PE 11/2014, s/p IVC filter, here to discuss whether to leave it in or remove it, not currently on anticoag or ASA dyspnea, worse with exertion,

Mr. Haynes returns today after a 6 year absence mostly feeling well except for increasing SOB with activity, concerning him for possible progression of CAD. He had reassuring findings at cath in 2009 except for myocardial bridging of his LAD. He is unable; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.

New patient referred by Dr. Megoo for eval of Afib and Consult for afib ablation. He is on Xarelto for stroke prevention. He has had 3 episodes over 8 years; Persistent AF now, for the last 1.5 weeks, started Xarelto then; Dyspnea, dizziness; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.

No other info; 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 had echo that etiology of murmur likely secondary to aortic or arch pathology, i.e., subclavian stenosis pending CTA CHEST.; 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.; It is not known if there is another type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.

pulmonary pain ablation for mapping; 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.

pulmonary vein mapping; 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.

She has had surgical correction. Wants CTA to reassess coarctation repair. Last CTA Chest done was 05/01/2012; 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.

This for planning 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.

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.

This study is being ordered for vascular disease.; "The ordering physician is a surgeon, pulmonologist, or cardiologist."; This is a request for a chest MRI.

Limited activity, cant move around, or walk; 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 an Abnormal x-ray indicating a significant abnormality

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 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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/18/2015; There has not been any treatment or conservative therapy.; none

Follow-up from aortic aneurysm surgery and atrial fibrillation episode.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/10/2014 had abdominal aortic aneurysm surgery and 2 months later had an episode of atrial fibrillation.; There has been treatment or conservative therapy.; His blood pressure has been elevated in the 140s at home. Being seen for follow-up from episode of atrial fibrillation after his abdominal aortic aneurysm surgery in Sept 2014.; Wore a 30 day event monitor to evaluate for atrial fibrillation burden. 3 month follow-up appointments

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 is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone

This is a request for a heart or cardiac MRI

This is a request for a Heart CT.

This is a request for Heart CT Congenital Studies.

; This is a request for CTA Coronary Arteries.; A study not listed has been completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

It is not known if patient has any conditions like diabetes, age over 50 etc.; 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.; ; 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.; CHEST PAIN, ABN EKG, LBBB, BRADYCARDIA; 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.; Patient's Mother and Father both had CAD (both had MI's).; 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.; sob cp for 3 months; 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.; <Additional Clinical Information>; 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.; Chest pain started on Sunday. He was just released from the hospital this morning after overnight observation. He has episode of chest pain in April. The chest pain recurred this past Sunday and has been waxing and waning daily until now. Mild to moderate; 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.; patient with chest pain, SOB, jaw pain; 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.; Severe episode of CP starting July 1st at 11 am. Initially he thought it was gas but it became severe at night with associated shortness of breath. He was discharged on nitro and he last used the nitro 2 nights ago with relief. Class 4 chest pain, new onset; 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.; She reports the following symptoms: dyspnea, fatigue, paroxysmal nocturnal dyspnea, exertional chest pressure/discomfort, claudication, and lower extremity edema. Pt states these some of the sx are chronic, she only has chest discomfort described as "a he; 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.; abnormal rest stress echo; No, there is no Chronic Chest Pain.

There is no "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; about one year ago she developed swelling in the left foot and it was negative for blood clot. She had admission in August for afib RVR and was in the ICU 6 days for rate control. She was shocked to NSR in December. She had her treatment in conway and see; No, there is no Chronic Chest Pain.; No, this patient does not have equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).

This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.

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.;

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, bilateral lung masses.

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.; positive calcium score with a history of 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.; Shortness of Breath and Chest pain

This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; None of the above.;

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.; UNKNOWN

This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for prior equivocal or uninterpretable cardiac imaging .; ; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).

This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for prior equivocal or uninterpretable cardiac imaging .; Patient had stress echo today which was inadequate stress, limited by right leg pain, consider DVT and claudication. Needing CTA Chest.; 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.; <Additional Clinical Information>

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.; sob chest pain poss. coronary artery disease.

Pt has know claudication pain in leg and pain while walking. Has new onset of chest pain and SOB.; This study is being ordered for Vascular Disease.; 05/7/2014; There has been treatment or conservative therapy.; Pt has know claudication pain in leg and pain while walking. Has new onset of chest pain and SOB.; AIF and Anti coagulants on max medical therapy

Yes, this is a request for CT Angiography of the abdominal arteries.

< Enter answer here - or Type In Unknown If No Info Given. >; It is not known if the patient is diabetic.; The patient is less than 45 years old.; 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).

< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

< Enter answer here - or Type In Unknown If No Info Given. >; 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).

< Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

< Enter answer here - or Type In Unknown If No Info Given. >; 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 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).

*chest pain, left sided sometimes w exertion *SOB w modest exertion *echo has clear evidence of inferior and inferolateral hypokinesis & ASD & reduced EF *BP elevated 150/102 *last TMST was modified due to patient 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

.Ms. Cunningham is here today for cardiology evaluation. She has been having midsternal chest pain that radiates to her left arm. Pain occurs at rest. She also is having shortness of breath and fatigue. She has a strong family history of CAD. Patient is b; 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 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).; 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.

; 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 suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had a recent non-nuclear stress test.; The results of the previous nuclear cardiology study were 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 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 Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

; 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.

; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

1. Syncope/Epigastric pain: He continues presenting dizziness and near syncope episodes. He received an explanation of the findings and possible etiologies. He presented a pain in the epigastrium and upper quadrants after the syncope episode and CAD n; 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).

39 year old obese male presenting with 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).

42 year old male with dyspnea, chest pain, hypertension, sleep apnea; 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).

49 year old male with hypertension, dyspnea, chest pain, and 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.

51 year old diabetic male with hyperlipidemia, TIA, carotid artery atherosclerosis, pvd, 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.; 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).

51 year old male with sick sinus syndrome, dizziness, chest pain, cardiomegaly/cardiomyopathy, transient numbness of limb.; 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).; It is not known if the patient has a physical limitation to exercise.

53 year old female needing cardiac clearance for surgery. Past history of SVT, syncope and chest pain.; 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).

54 year of female with chest pain, 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.; 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.

59 year old male presenting with abnormal ekg 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.; 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).

61 year old male with palpitations and chest tightness and 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.

63 year old diabetic male with hyperlipidemia, hypertension, CVA, and pulmonary edema.; 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).

63 year old female with angina, CVA, dizziness, chest pain , hyperlipidemia, and hypertension.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

Abn EKG shows ST wave changes, chest pain is on the left side, radiates to left arm, nitroglycerine medicine does help.Smoker, family hx, cannot walk; 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 ECG. Normal variant with normal ECHO. No LVH or wall motion abnormalities. Patient coming in to office for reevaluation.; 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).

Abnormal echo: With WMA.; Benign essential hypertension.; 03. Other malaise and fatigue.; Extremity weakness: RLE weakness. Patient having to pick leg up at this time because it won't move.; DDD: History of DDD of L-spine.; 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, History of Myocardial Infarct, End stage renal 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.; 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).

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.

angina, shortness of breath, lower extremity edema, hypertension, arteriosclerosis of extremity with rest pain, palpitations, dyspnea on exertion, former smoker, family history of 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.; 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).

Annual follow up. She has had a 3 week history of intermittent L sided parasternal chest pain which has variable duration. No other real symptoms associated with it. It has been quite some time since her last stress evaluation and she is concerned because; 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.

Atherosclerotic Heart Disease of Native Coronary Artery Without Angina Pectoris; Hyperlipidemia, Unspecified; 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).

Baseline mild to distal inferior wall motion abnormality seen on apical 4 chamber view; that did not change with exercise (poor quality view). Would advise followup NST for clarification, but I do NOT think this is a high risk finding in light of hi; 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).

Beverly returns for f/u after echo and CAC to eval abnormal EKG. CAD showed moderate coronary calcium and echo was normal. She does have some occasional dyspnea but no overt chest pain. Abnormal calcium score and 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.

Burst of non-sustained palpitations. hx Mi, Abn ekg with diffuse, early polarization changes, mild chest discomfort, SOB with exertion. Gxt Cardiolite to see if there is an arrhythmia present and evaluate for any ischemic disease.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise. CAD confirmed on calcium score testing; 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).

cad, dyspnea, smoker; 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).

Cardiovascular disease diagnosed.; 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).

cath report on the 7th of this month double vessel 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).

chest heaviness and it is very uncomfortable and it happens very frequently Edema of lower leg (782.3): # Metabolic syndrome (277.7 Shortness of breath (786.05);; 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  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).

chest pain  shortness of breath; 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).

Chest Pain (Angina) This is a recurrent problem. The current episode started more than 1 week ago. The problem occurs daily. The problem has not changed since onset. Associated symptoms include chest pain. Pertinent negatives include no shortness of breath; The patient is not diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Chest Pain (Angina) 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. Associated symptoms include chest pain and shortness of breath. Nothing aggressive; 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 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).

chest pain radiates to left side of neck and arm, numbness and tingling- occurs at rest, shortness of breathe 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.

Chest pain radiating to left arm and jaw. Strong family history 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 with arm numbness, SOB, syncopal episode, fatigue, chronic back pain so unable to walk TM, smoker, strong family hx; 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 with shortness of breathe.; This is 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

chest pain, heart murmur, hypertension; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

chest pain, hypertension, Raynaud's phenomenon. Chest Pain (Angina) This is a recurrent problem. The current episode started more than 1 week ago. The problem occurs every several days. The problem has been resolved. Associated symptoms include chest pa; 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, sob, COPD have had spells of an elephant sitting on the chest and I have an or prescription of NTG.   # Shortness of breath (786.05): # Chest pain (786.50): recurrent with abnormal ECG # Hypertension (401.9);; 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).

CHEST PAIN, SOB, FAMILY HX OF CAD, HTN, OBESITY, NEAR 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).

Chest Pain, SOB, Hypertension, 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

CHEST PAIN, SYNCOPE, FORMER SMOKER, FAMILY HISTORY OF CAD, HYPERLIPIDEMIA, TIA; 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, tobacco abuse. Chest Pain (Angina) This is a new problem. The current episode started more than 1 week ago. The problem occurs rarely. The problem has not changed since onset. Associated symptoms include chest pain. Pertinent negatives include; 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, tobacco use, shortness of breath on exertion, obesity, screening for cardiovascular screening. Chest Pain (Angina) This is a chronic problem. Episode onset: intermittent for about an year. The problem occurs every several days. The problem h; 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. Previous stroke. Extremity weakness.; 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/angina; Abn-EKG; Fatigue; Dypnea; Systolic & ; The patient has been having marked dyspnea. She had reactive airway as a child as well as bilateral pneumothoraces. Electrocardiogram shows an underlying abnormality.; 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).

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.

cp, concerning for angina, hypertension, dyslipidemia, family hx of cad, palpitations, doe; 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, 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.

cp, 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.

CURRENT EVERYDAY SMOKER. Chest Pain (Angina); 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. Associated symptoms include chest pain and shortness of breath; 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).

CURRENT DIAGNOSES; 1. Coronary Atherosclerosis Of Native Coronary Artery; 2. Claudication-Intermittent; 3. Shortness of Breath; 4. Hypertension-Essential (Benign); 5. Angina Pectoris; 6. Abnormal EKG; 7. CAD w/o Bypass Graft; 8. Chest Pain, Unspeci; This is 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

CURRENT DIAGNOSES; 1. Hypertension-Essential (Benign); 2. Angina (Variant); 3. Tachycardia; 4. Shortness of Breath; 5. Chest tightness/pressure; 6. Chest Pain, Unspecified; 7. Angina; 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).

CURRENT EVERY DAY SMOKER! Chest Pain (Angina) This is a recurrent problem. The current episode started more than 1 week ago. The problem occurs daily. The problem has not changed since onset. Associated symptoms include chest pain. Pertinent negatives include: 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).

David M Scudder is a 53 y.o. male who presents for a f/u after being seen in the ER for c/o atypical chest pain. He is a new pt to our clinic. Preferred to be worked up as an out-pt and therefore was set to f/u with us here in the clinic. The day of his E; 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. diabetic, smoker, abneg, obesity, heart murmur,; 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

Discussed various noninvasive options for ischemic evaluation. Patient agrees to proceed to MPS for further evaluation of ischemic burden.; 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).

dizziness, shortness of breath on exertion, hypertension, hyperlipidemia. Shortness of Breath; This is a recurrent problem. The current episode started more than 1 month ago. The problem occurs every several days. The problem has been unchanged. 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.

Doctor is trying to make sure patient's stents are still in place.; 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).

Don N Savell is here at the request of Dr. Perez for consultation and diagnostic testing, as needed, due to hospitalization followup and syncopal episodes. He is a 37 year old man with a history of childhood onset of leukemia with treatment. He does have ; 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).

Dyspnea, Chest Pain, Unstable Angina; The patient has some symptoms almost concerning for cardiomyopathy. She has not been on her blood pressure medicine secondary to financial constraints. We will plan for echocardiographic study. Give her anginal type 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.; 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).

dyspnea, smoker, 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.

EKG demonstrates sinus rhythm, subtle ST-segment abnormalities laterally. The PR interval is normal, QRS is normal. QT interval is borderline prolonged visually and measures 358 or 408.; 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).
EKG on 6/30/15 showed Sinus Rhythm, cannot rule-out inferior infarction, age undetermined.; 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).

EKG on 6-23-15 showed HR of 110 beats/minute and minor non-specific T-wave flattening. Patient also has Hypertension. Patient complains of Dyspnea on exertion with moderate activity and heat and also complains of diaphoresis.; 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.

Fam hx of heart disease, 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.

Follow up on CAD; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

HAS BRADYDARDIA cardia PDC; 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).

He is a new patient coming in for a cardiac evaluation through Dr. Hall. Earlier in the summer, he was admitted to the Helena hospital for the evaluation of a midsternal chest pain with associated dyspnea. His blood pressure was quite elevated and his med; 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.

hest pain "stabbing pain with shoulder pain and numbness on left arm and hands , also having SOB; Morbid obesity (278.01); 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).

His EKG from today, 8-10-15 shows heart to be in A-Fib.; 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).

Ht 5' 10" (1.778 m) | Wt 345 lb 12.8 oz (156.854 kg) | BMI 49.62 kg/m². chest pain, hypertension, shortness of breath, EKG showed normal sinus rhythm with RBBB. Will check CT angio to evaluate the severity of carotid artery stenosis. Ultrasound Carotid D; This study is being ordered for Vascular Disease.; This is a recurrent problem. The current episode started more than 2 days ago. The problem occurs every several days. The problem has not changed since onset. Associated symptoms include chest pain and shortness of breath. Nothing aggravates the symptoms. ; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, HTN (hypertension), benign, right carotid stenosis, COPD (chronic obstructive pulmonary disease) with acute bronchitis. EKG showed, normal sinus rhythm with RBBB. Ht 5' 10" (1.778 m) | Wt 345 lb 12.8 oz (156.854 kg) | BM
hx chf, SOB with and without exertion, ICM, hypertension, edema, COPD, tobacco abuse, family hx CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know

hyperlipidemia, dyspnea, family history of CAD, 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.

hypertension, angina, shortness of breath, obesity, lower extremity edema, hypertension, arteriosclerosis of extremity with rest pain, diaphoresis, palpitations, syncope, dyspnea, family history of coronary artery disease, family history of congestive heart failure; 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).

Hypertension, 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, SOB, 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.

intermittent episodes of chest pains that has become more frequent and severe; Occasionally sharp; severe intensity; non radiating; associated with dyspnea; sudden and onset heart throbbing with no identifying events; moderate in severity and frequently o; The patient is not diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; The patient has not had a cardiology study in the past 3 years.; The patient had a Nuclear Cardiology, Cardiac SPECT or Myocardial perfusion study completed more than 3 years ago.

Known CAD, 11 years out from stenting of the right coronary artery. Two years since last nuclear stress test.; 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).

Known CAD, unable to walk treadmill due to back, pre op clearance for spinal surgery; 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).

Known CAD,S/P MI 2002 and 2009, Diabetes, LBBB, Obesity, HTN, Hyperlipidemia; 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).

lower extremities claudication; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

md wants to r/o CAD. EKG abnormal, arm 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).

Member has chest pain, SOB, family history, seen in ER with elevated enzymes and chest pain since.; 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).

Member has muscular dystrophy and it has manifesting late over the last year but especially w/i the last 3 weeks mid precordial pressure like chest pain radiating to his left shoulder associated with dyspnea happening in random fashion lasting 3-4 min wit; 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).

Member history of CAD suffered a myocardial infarction in Feb 2015, he underwent cardiac cath and was told everything was OK he has continued to experience recurrent episodes of pressure like chest pain located mid precordium occasionally radiating into h; 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).

Mr Drewry has known CAD, and ischemic heart disease. He has had stents placed. he has a pace maker. He requires this test to know if he can go back to work.; 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).

Mr. Bell has experienced chest pain, and an abnormal EKG. He has experienced SOB with exertion. He has HTN, Hyperlipidemia, 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.

Mr. Bosnick is here for cardiac evaluation of chest pain after keep the beat screening showing abnormal CAC score. He has noticed some episodes of of left-sided sharp, moderate severity exertional chest pain radiating in the left arm which lasts for a few; 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. Fitzgerald has experienced new 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.

Mr. Marshall comes in for initial evaluation of chest pain. He states he's been having chest pain off and on for the last year. He has been at seen at three times the emergency department. They told him was it was reflux. He states he does not believe it ; 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. Smith is a 44 year old male returning for yearly visit. He has history of CAD s/p thrombectomy with promus DES to the LAD in June 2014 and history of acute MI. Echo in Jauary showed EF at 60-65%.He also has history of hypertension. Today Mr. Smith pre; 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. Summit is here for a follow up visit. He has pin sticking chest pain that lasts a second. This happens off and on all day. He has chest tightness, pressure and dyspnea with walking to much. This is relieved with rest. This lasts less than five minutes; This is 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

Mr. Warren is here today as a new pt referred by Dr. Chambliss with chest pain, shortness of breath, & fatigue. He began having chest pain about 2 weeks ago while at work. He works in the oil fields. He states he is unable to work now due to extreme fatig; 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).

Mrs. Cagle is here today as a new pt concerned about her high blood pressure. She does have chest pains & rapid heart that she states occurs when she's anxious.; 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.

Mrs. Harding came into the ER with severe chest pain and shortness of breath. Her labs were normal at the time. Her lung sounds were clear. Her doctor ordered this test because he suspects coronary artery disease.; 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).

Mrs. Traylor is an established patient here for a hospital follow up appointment. She was evaluated at AHH ER on August 3rd for worsening chest pain. She described left-sided chest discomfort that radiated to her back. Her symptoms started three days prio; This study is being ordered for Vascular Disease.; Mrs. Traylor is an established patient here for a hospital follow up appointment. She was evaluated at AHH ER on August 3rd for worsening chest pain. She described left-sided chest discomfort that radiated to her back. Her symptoms started three days prio; There has not been any treatment or conservative therapy.; Mrs. Traylor is an established patient here for a hospital follow up appointment. She was evaluated at AHH ER on August 3rd for worsening chest pain. She described left-sided chest discomfort that radiated to her back. Her symptoms started three days prio

Ms Reusser is a 46 yo WF with a hx of right carotid bruit, bipolar/anxiety and reflux who was referred by Dr Siddiqui for palpitations and dyspnea. Palpitations occur every couple week with rest and activity lasting a couple minutes. DOE daily which resol; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac 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

Ms. Bates is here today for cardiology evaluation. She recently had an EKG with Dr. Hopson that demonstrated some slight abnormality. She reports having left anterior chest pain that radiates to left arm. Pain occurs with emotional upset. She also is having 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. Brandt is referred by Dr. Shotts to evaluate chest pain. Symptoms started about a month ago, coincidentally when she started lipitor, however symptoms have persisted since stopping the statin. Constant, 5/10 severity, but can be intermittent, occurs several times a week.; 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. Goff is referred by Dr. Johnson for cardiac evaluation. She has had a longstanding heart murmur since childhood which was thought related to rheumatic fever. She feels somewhat fatigued with exertion and has some orthopnea when laying flat as well as 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.

N/A; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, 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

never felt anything like I felt the day I wa walking across the living room and I felt like a bolt in the chest and pain and pressure and I felt I was going to fallown  CORONARY ATHEROSCLEROSIS (414.0): PCI of the LAD, performed 5-30-2012 with improveme; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The results of the previous nuclear cardiology study were normal.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; Yes, patient had a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

New patient appointment for evaluation of chest discomfort. The patient is having increasing substernal chest sensation that is described as a substernal heaviness of moderate to severe intensity, exacerbated by exertion and associated with increased shor; 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.

new patient chest pains last 2 months, precordial area...mid chest . lasting few minutes, radiating left arm with numbness, both at rest and exercise, associated with dyspnea, not with syncope...ankle edema getting worse, also hands, discussed salt intake.; 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 Barnett chest heaviness last few weeks, across chest i.e. precordial, episodes 10-15 minutes, at rest, and radiation left arm once, not associated with dyspnea, a few times a week, discussed diet carbs low glycemic index and weight; 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.

New patient referred DR Burleson chest pain for months, left precordial. radiating left arm, associated dyspnea, stable symptoms, not associated syncope..discussed smoking issue, one pack a day....discussed diet carbs low glycemic index and weight loss.. ; 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 Joan McLean, APN, chest pain last 2 weeks, continuous, at times gets bad, no radiation, associated with dyspnea, and associated nausea and dizziness, and feels heart beating fast and hard, and symptoms worse exercise...ex smoker....20; 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).

No additional info.; 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).

No previous cardiac history who presents with chest discomfort and shortness of breath. the shortness of breath is most likely secondary to bronchitis. he has had fevers and greenish yellow sputum production for the past week. He continues to have this an; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.

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 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; 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 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).

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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/10/2015; There has not been any treatment or conservative therapy.; chest pain, SOB, dizziness, hypertension

obese SOB on exertion// edema/ smoker// 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).

Patient with past medical history of significant Hypertension, and positive for family history of coronary Artery Disease, has decrease ejection Fraction on echo, has atrial fibrillation.; 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 also has Costochondritis POA-new onset.; 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.; 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.

Patient also has Mixed Hyperlipidemia, Benign Hypertension and Obesity.; 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).

Patient cannot walk on a treadmill. Needs cardiac evaluation prior to surgery for knee replacement.; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is not presenting 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).

Patient complains of diaphragmatic chest discomfort unrelated to exertion and "almost constant." Patient states that this has been going on for two years.; 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 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.; 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 had Adenosine stress test and now Dr. would like Thallium viability 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.

patient had left heart catheterization in 2002 that showed mild CAD; 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).

Patient had non nuclear exercise stress test which came back with abnormal results.; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had a recent non-nuclear stress test.; The results of the previous nuclear cardiology study were 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).

Patient had recurrent pressure like chest pain lasting 4 to 5 minutes severe in nature radiating into his neck which started six months ago, happens in a random fashion with no identifiable precipitating event; 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 has asthma & 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).

patient has been having chest pain on and off for past several weeks; feels tight and heavy, occurs daily and is relieved with rest; has hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

Patient has been having chest pressure and occasional palpitations since his PFO closure about 2 months ago by Dr. Mego at Ark. Heart Hospital. He has CVA found on Head CT on 3/18/2015 showing indeterminate lacunar infarcts. Patient has hx of migraines an; 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.; It is not known if patient had a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Patient has bilateral iliac artery stenosis. He complains of pain, cramping, and tingling in his legs, he sees CV surgery for his PVD. Patient complains of palpitations with activity, abuses tobacco, and is treated for hyperlipidemia. Suspect patient has ; 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).

Patient has Dyslipidemia, Hypertension and Family History of CAD as well. Can't walk on treadmill due to back problems and dizziness.; 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).

Patient has history of CAD S/P PTCA/stent placement. Patient presented with dull chest pain radiating to back, neck, and left arm. Patient also complained of DOE, fluttering 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).

Patient has tingling and weakness in feet and limbs and nausea along with the chest pressure 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.; 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 typical chest pain, substernal, SOB, palpitations, and syncope, cardiac risk factors of hypertension, dyslipidemia, abnormal ekg on 7/7/15 showed first degree AV block right atrial abnormality. Poor rwave production down the cordial 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.

patient having chest pains went to ER elevated cardiac enzymes possible small MI, he has history of 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.; 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 is a doctor with known CAD and strong family history of CAD. His father had a Myocardial Infarction and his brother had a Coronary Stent Placement.; 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).

Patient is seen today for a routine follow up. Saw Patrick six weeks ago with complaints of chest heaviness after having been treated for Rocky Mountain spotted fever but still with persistent fatigue. Was also having palpitations which have not gone 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.

Patient is unable to walk on a treadmill due to knee problems. Patient also has resting bradycardia.; 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 needing preop clearance for knee replacement. Patient had abnormal EKG that showed an anterior ischemia and loss r wave on 6/15/2015. Patient has known hypertension and obesity.; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient 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).

Patient presented with chest pain and an abnormal EKG with complaints of right sided chest pain, shortness of breath, and dizziness. Patient has been having increasing fatigue and weakness.; 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 presented with complaints of substantial chest pressure with numbness to both arms at rest. This is onset about a month ago and occurs off and on, lasting a few minutes at a 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).

Patient presented with complaints of tachypalpitations that occur several times a week, lasting a few minutes. She has occasional chest tightness off and on, not related to exertion.; 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 recently had a stroke and subsequently had a carotid endarterectomy he on the left. Dr. CD Williams did the surgery at the heart hospital. Overall she seems to be doing well although she does have some.; This is 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

Patient recently went to ER at Drew Memorial for near syncope around 7-1-15. She's had some chest pain at rest which was dull and intermittent and led int othe near syncopal episode. Patient has quite a bit of anxiety. Also has Anemia, Breast cancer, GERD; 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 unable to walk on treadmill, back problems and he is on a beta blocker.; 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).

Patient with no prior cardiac history here for evaluation of chest discomfort. Describes non-activity related left sided chest pain reports the pain starts in her arm got up to her chest, associated with stress, denies any associated symptoms, unknown rel; 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).

Patient's abnormal EKG taken 7-14-15 shows RBBB and is having 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.; 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's blood pressure has been on the low side recently as well as having Chest pain, positional dizziness and some visual problems. There are no distinct aggravating or relieving factors.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

Patient's Father and Mother both had Coronary Artery Bypass Grafts. Patient weighs 345 lbs.; 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).

pre op; 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).

Precordial chest pain details; the discomfort is located primarily in the center of the chest. It radiates to the shoulders and interscapular area. The pain initially began a few months ago. Typically, individual episodes of chest pain last less than 5 minutes; 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).

pre-operative cardiovascular examination for Total Hip Surgery, essential hypertension, hyperlipidemia, diabetes mellitus.; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

pt cant get on treadmill very obese...having palpitations with 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).

Pt had a stress echo done and was unable to complete it.; 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

Pt had an abnormal exercise stress test that revealed a lack of a q wave throughout the test with a 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).

pt had LHC in 2011 which showed CAD at 40 to 50% she is medically managed. She is now having right arm pain with dyspnea.; 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 a abnormal EKG and stress test; 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 has a history of cardiac arrest and ischemic congestive cardiomyopathy. He has been experiencing worsening shortness of breath on exertion. This test is to rule out coronary artery blockage.; 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).

pt has a symptom's of walking unchanged acute , elevation ,; The study is being ordered for a post myocardial infarction evaluation.; The patient is not 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).

Pt has abnormal EKG, is obese, cannot get on treadmill, having SOB. Having PVCs.; 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 w/ shortness of breath, EKG. Positive family history, fatigued, aortic calcification; 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

pt has congestive heart failure .Cardiomyopathy. Eef is at 25 %. 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).

pt has congestive heart failure, hyperlipidemia, valve disorders 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).

Pt has hypertension, hyperlipidemia, and diabetes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Not sure; There has been treatment or conservative therapy.; shortness of breath on exertion.; Medication

Pt has know claudication pain in leg and pain while walking. Has new onset of chest pain and SOB.; This study is being ordered for Vascular Disease.; 05/7/2014; There has been treatment or conservative therapy.; Pt has know claudication pain in leg and pain while walking. Has new onset of chest pain and SOB.; AIF and Anti coagulants on max medical therapy

Pt has known Coronary Artery Disease (verified by left heart catheterization, stent placed in March 2015) and is experiencing worsening chest pain on exertion and shortness of breath on exertion.; 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 shortness of breath and 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).

Pt here for followup of hypertension and syncope. She is complaining of chest pain. She describes a substernal chest pain with radiation into her back. It is relieved with rest. She has not had any syncope. She comes in today for further evaluation.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

Pt is diabetic; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

PT is having chest pain that relieve with nitroglycerin. Diabetic. PT has a family HX of heart disease . PT has 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).

pt is having chest pain, shortness of breath, and dizziness with supraventricular tachycardia.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Pt presented complaining of chest pain, SOB, dizziness and pain in left upper extremity; 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 with known hx of carotid artery disease, now with SOB possible angina equivalent and syncopal 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.

R/O CAD, pt had 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).

r/o CAD; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; 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 GI issues; 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).

Referred from hospital. Abnormal EKG. Stint placement.; 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).

Robert A Ward is a 64 y.o. referred to us for evaluation of Internal Carotid Artery Occlusion at the request of Dr. Neville found via Brain MRI. This headache was ordered due to an incessant HA. He has hx of HTN, Hyperlipidemia, BPH, GERD. Family hx of R; 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).

Routine follow up exam after recent PCI. We discussed the findings of the cath and intervention. No problems with the cath site. Compliant with DAPT as prescribed. Had LAD done last month, residual RCA disease. NST for ischemic guidance. Both legs claudic; 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).

Shortness of breath (786.05): with exertion; # Chest pain recurrent; # Syncope (780.2); 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 and chest pains. Also has limb pain. Follow up of cardiomyopathy.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/13/15; Mr. Powell comes to the PVI for an evaluation for PAD at the request of P. Stage, APN secondary to complaints of limb pain. He complains of pain in his BLE, buttock, and hips with exertion. Pain is relieved within a few minutes of rest. Numbness ; There has not been any treatment or conservative therapy.; 7/13/15; ; Mr. Powell comes to the PVI for an evaluation for PAD at the request of P. Stage, APN secondary to complaints of limb pain. He complains of pain in his BLE, buttock, and hips with exertion. Pain is relieved within a few minutes of rest. Numbness

Shortness of breath on exertion/fatigue: Patient has significant and progressive symptoms that are limiting activity. He says that if he goes out to do any kind of work he will become short of breath fairly quickly and break out in a sweat. Some occasions; 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; 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).

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.

smoker, abn ekg, dyspnea; 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.

smoker, chest pain, palpation, 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.

smoker, cp ,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).

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.

Steven C. Barker is 53 years old and here at the request of Dr. Moody for consultation and diagnostic testing, as needed. He has noted occasional palpitations for the past 1 year. It has been particularly worse in the past 1 month. The patient has also ha; 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.

substernal chest pain exertional & at rest, sob exertional, cardiac dysrhythmias; 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).

substernal cp on exertion, SOB/exertion, atrial fibrillation; 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).

symptomatic patient; lung disease w/ chest pain and SOB; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise. The patient has had episodes of chest pain, shortness of breath, dizziness, and palpitations associated with the SVT.; 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 patient present for follow up evaluation. He is having no recurrent anginal symptomatology. His pas percutaneous intervention was approximately six years ago. He recently had his lab drawn. His lipid panel did show a total cholesterol of greater than ; 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 patient presented with new onset chest pain. The characteristics of the chest pain are listed below, and the purpose of this Exercise Stress Test is to rule out CAD. Location: chest; radiates to the back; Quality: pressure; Severity: moderate; D; 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 presents for a follow up exam with worsening fatigue and anginal equivalent symptomatology. Her blood pressure is adequately controlled. She is having no chest pain per se, just fatigue and malaise with SOB. We will proceed with a nuclear imag; 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 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.; 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 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.; 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 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 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).; 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).; 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).; 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.; 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.; 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).; 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 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 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).; 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).; It is not known if the patient has a physical limitation to exercise.

This gentleman also has Hypercholesterolemia, Osteoarthritis, Diabetes mellitus type 1, he is a smoker with palpitations, shortness of breath and precordial pain. A long family history of coronary artery disease. He also suffers from dyslipidemia and hyp; 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 recurrent 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. The symptoms are ; 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).

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.

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 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 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.; It is not known if the study is requested for suspected or known coronary artery disease.; The member has known or suspected coronary artery disease.

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 valve disorders.

This request replaces tracking # 11220580 which was approved but expired before DOS.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/29/2015; There has not been any treatment or conservative therapy.; Cp, SOB, abn EKG

This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The results of the previous nuclear cardiology study were not normal.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; Yes, patient had a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

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.; It is not known if the patient had a recent stress echocardiogram.; It is not known if the patient 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.; 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 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 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).; It is not known if the patient has a physical limitation to exercise.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chest Pain (Angina) This is a recurrent problem. The current episode started more than 2 days ago (few months). The problem occurs every several days. The problem has not changed since onset. Associated symptoms include chest pain. Pertinent negatives inc; There has not been any treatment or conservative therapy.; Chest Pain (Angina) This is a recurrent problem. The current episode started more than 2 days ago (few months). The problem occurs every several days. The problem has not changed since onset. Associated symptoms include chest pain. Pertinent negatives inc

This study is 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 2015; There has been treatment or conservative therapy.; CHEST PAIN, SHORTNESS OF BREATH, PAIN RELIEVED WITH REST AND WORSE WITH EXERTION; PCI IN DEC 2014 AT ANOTHER IP

This study is 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 experiencing chest pain, with a 6 month history of nonexertional chest pain radiating to left shoulder, describes pain as squeezing type with difficulty breathing. Patient has some arm numbness, and pain.; There has not been any treatment or conservative therapy.; Patient is experiencing chest pain, with a 6 month history of nonexertional chest pain radiating to left shoulder, describes pain as squeezing type with difficulty breathing. Patient has some arm numbness, and pain.

This study is being ordered for Vascular Disease.; 2014; There has been treatment or conservative therapy.; CP, SOB, PVD; meds,

This study is being ordered for Vascular Disease.; 7/12/15; There has not been any treatment or conservative therapy.; Chest pain: Episodes began 10 days ago. Precordial in location, squeezing/dull/sharp in character, radiated to the left arm, associated to dyspnea and palpitations, lasting minutes

tired and fatigue; 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.

TO RULE OUT 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.

to rule out Ischemia!; 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.

torn ligament in knee; 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).

treadmill stress test shows positive signs of ischemia and was discontinued due to shortness of breath, mild regurgitation noted on echocardiogram; 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).

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; 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).

will 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).

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.; member has a mur mur

This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.;

This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient had a recent MI.; Patient had an MI in 2014 with placement of 3 stents and is on Plavix and ASA.

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.; last injection fraction 39% 11/9/2014 , Eval low EF

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/14/15; There has not been any treatment or conservative therapy.; shortness of breath, chest pain, and palpitations

29yo married feed mill worker. Has been havin CP off and on for last month. Wore a heart monitor; doesn't know results. Denies any palp. or syncope. CP is sharp at onset and goes through to back. It then radiates to neck and lasts 3-4 hours. Gets hard to ; This study is being ordered for Vascular Disease.; Age 21; It is not known if there has been any treatment or conservative therapy.; 29yo married feed mill worker. Has been havin CP off and on for last month. Wore a heart monitor; doesn't know results. Denies any palp. or syncope. CP is sharp at onset and goes through to back. It then radiates to neck and lasts 3-4 hours. Gets hard to ; This combination request does not include an OB Ultrasound.

echocardiogram to evaluate her left ventricular systolic function and her murmur. Cardiolute stress test will be done to rule out potential underlying coronary artery disease with exercise induced 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.; 1-2 months; There has not been any treatment or conservative therapy.; Chest pain with left arm pain, associated with shortness of breath. The patient has multiple risk factors including hypertension, hyperlipidemia, and diabetes mellitus. She is a non cigarette smoker.

hx DVT/PE 11/2014, s/p IVC filter, here to discuss whether to leave it in or remove it, not currently on anticoag or ASA dyspnea, worse with exertion,; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; shortness of breath when walking. hx DVT/PE 11/2014, s/p IVC filter, here to discuss whether to leave it in or remove it, not currently on anticoag or ASA dyspnea, worse with exertion,

Mr Stand presents today for a new evaluation for minimal DOE and history of heart murmur. He has a history of right knee infection with hospitalization at UAMS in 2013 with ECG revealing poor R wave progression across the precordial leads. His blood cultu; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Mr Stand presents today for a new evaluation for minimal DOE and history of heart murmur. He has a history of right knee infection with hospitalization at UAMS in 2013 with ECG revealing poor R wave progression across the precordial leads. His blood cultu; There has not been any treatment or conservative therapy.; 1. Heart murmur  2. Chest pain at rest

Mrs. Traylor is an established patient here for a hospital follow up appointment. She was evaluated at AHH ER on August 3rd for worsening chest pain. She described left-sided chest discomfort that radiated to her back. Her symptoms started three days prio; This study is being ordered for Vascular Disease.; Mrs. Traylor is an established patient here for a hospital follow up appointment. She was evaluated at AHH ER on August 3rd for worsening chest pain. She described left-sided chest discomfort that radiated to her back. Her symptoms started three days prio; There has not been any treatment or conservative therapy.; Mrs. Traylor is an established patient here for a hospital follow up appointment. She was evaluated at AHH ER on August 3rd for worsening chest pain. She described left-sided chest discomfort that radiated to her back. Her symptoms started three days prio

Patient cannot walk on TMST due to obesity and physical limitations. With his progression of shortness of breath, the doctor would like to have an Echo of the heart as well.; This study is being ordered for Inflammatory/ Infectious Disease.; Patient states he had a Cath about 3 years ago w/Dr. Jordan and is wanting to switch cardiologists. He saw Dr. Freddy Chrisman on 8-19-2015. On that date he complained of chest discomfort in the precordial area that radiates to the left arm and Dyspnea.; It is not known if there has been any treatment or conservative therapy.; CATH results showed mild CAD. He presented with Precordial chest discomfort that radiates to the left arm and Dyspnea. He has Edema and Obesity (410 lbs.)

Pt has a very strong family history of 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.; in February of 2015; There has been treatment or conservative therapy.; chest pain that radiates to the left arm with shortness of breath; medications

Pt has hypertension, hyperlipidemia, and diabetes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Not sure; There has been treatment or conservative therapy.; shortness of breath on exertion.; Medication

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a history of heart valve 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 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 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.; 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 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 Murmur.; It is unknown if this request is for initial evaluation of a murmur.; It is unknown if this is a request for follow up of a known murmur.

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.; 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.; 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 re-evaluation of artificial heart valves.; It has been at least 12 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 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 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 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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of congestive heart failure (CHF)

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; There has NOT 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 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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.

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 Transthoracic Echocardiogram.; This study is being ordered for follow-up to a prior test.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for symptoms of a heart problem.

This request replaces tracking # 11220580 which was approved but expired before DOS.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/29/2015; There has not been any treatment or conservative therapy.; Cp, SOB, abn EKG

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2015; There has been treatment or conservative therapy.; chest pain , shortness of breath , abnormal EKG; the Pt. has cardiac cath , 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.; 41 yr old complaining of chest pain and shortness of breath sometimes at rest and sometimes with exertion. This has been going on for the last 3 months, and she can identify two categories of chest pain. She notes that with exertion she breathes rapidly an; There has been treatment or conservative therapy.; 41 yr old complaining of chest pain and shortness of breath sometimes at rest and sometimes with exertion. This has been going on for the last 3 months, and she can identify two categories of chest pain. She notes that with exertion she breathes rapidly an; 41 yr old complaining of chest pain and shortness of breath sometimes at rest and sometimes with exertion. This has been going on for the last 3 months, and she can identify two categories of chest pain. She notes that with exertion she breathes rapidly an

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/22/15; There has not been any treatment or conservative therapy.; chest pain , shortness of breath

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chest Pain (Angina) This is a recurrent problem. The current episode started more than 2 days ago (few months). The problem occurs every several days. The problem has not changed since onset. Associated symptoms include chest pain. Pertinent negatives inc; There has not been any treatment or conservative therapy.; Chest Pain (Angina) This is a recurrent problem. The current episode started more than 2 days ago (few months). The problem occurs every several days. The problem has not changed since onset. Associated symptoms include chest pain. Pertinent negatives inc

This study is 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 2015; There has been treatment or conservative therapy.; CHEST PAIN, SHORTNESS OF BREATH, PAIN RELIEVED WITH REST AND WORSE WITH EXERTION; PCI IN DEC 2014 AT ANOTHER IP

This study is 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 experiencing chest pain, with a 6 month history of nonexertional chest pain radiating to left shoulder, describes pain as squeezing type with difficulty breathing. Patient has some arm numbness, and pain.; There has not been any treatment or conservative therapy.; Patient is experiencing chest pain, with a 6 month history of nonexertional chest pain radiating to left shoulder, describes pain as squeezing type with difficulty breathing. Patient has some arm numbness, and pain.

This study is being ordered for Vascular Disease.; 7/12/15; There has not been any treatment or conservative therapy.; Chest pain: Episodes began 10 days ago. Precordial in location, squeezing/dull/sharp in character, radiated to the left arm, associated to dyspnea and palpitations, lasting minutes

This study is being ordered for Vascular Disease.; Patients early 20's; It is not known if there has been any treatment or conservative therapy.; Ms. Butler presents for evaluation of a long-standing dating to her early 20's. She has a strong FH of premature CAD and would like to exclude significant CAD, with some SOB during exertion. She notes swelling of her fingers and ankles, particularly toward

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.; July 17 2015; There has not been any treatment or conservative therapy.; chest tightness at rest and excursion; ankle swelling; lightheadedness

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/14/15; There has not been any treatment or conservative therapy.; shortness of breath, chest pain, and palpitations

Cardiology consultation for this 38-year-old lady. She comes with chief complaint of chest pain palpitations ankle swelling. She has noticed the chest pain over the last few months. She describes pain behind her left shoulder which radiates into her left ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Cardiology consultation for this 38-year-old lady. She comes with chief complaint of chest pain palpitations ankle swelling. She has noticed the chest pain over the last few months. She describes pain behind her left shoulder which radiates into her left ; There has not been any treatment or conservative therapy.; CHEST PAIN PALPITATIONS ARRHYTHMIAS

echocardiogram to evaluate her left ventricular systolic function and her murmur. Cardiologist stress test will be done to rule out potential underlying coronary artery disease with exercise induced 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.; 1-2 months; There has not been any treatment or conservative therapy.; Chest pain with left arm pain, associated with shortness of breath. The patient has multiple risk factors including hypertension, hyperlipidemia, and diabetes mellitus. She is a non cigarette smoker.

Mr Stand presents today for a new evaluation for minimal DOE and history of heart murmur. He has a history of right knee infection with hospitalization at UAMS in 2013 with ECG revealing poor R wave progression across the precordial leads. His blood cultu; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Mr Stand presents today for a new evaluation for minimal DOE and history of heart murmur. He has a history of right knee infection with hospitalization at UAMS in 2013 with ECG revealing poor R wave progression across the precordial leads. His blood cultu; There has not been any treatment or conservative therapy.; 1. Heart murmur  2. Chest pain at rest

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.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.

This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.

This is a 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.; Other than listed above best describes the patients clinical presentation.

This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.

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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 41 yr old complaining of chest pain and shortness of breath sometimes at rest and sometimes with exertion. This has been going on for the last 3 months, and she can identify two categories of chest pain. She notes that with exertion she breathes rapidly an; There has been treatment or conservative therapy.; 41 yr old complaining of chest pain and shortness of breath sometimes at rest and sometimes with exertion. This has been going on for the last 3 months, and she can identify two categories of chest pain. She notes that with exertion she breathes rapidly an; 41 yr old complaining of chest pain and shortness of breath sometimes at rest and sometimes with exertion. This has been going on for the last 3 months, and she can identify two categories of chest pain. She notes that with exertion she breathes rapidly an

This study is being ordered for Vascular Disease.; Patients early 20's; It is not known if there has been any treatment or conservative therapy.; Ms. Butler presents for evaluation of a long-standing dating to her early 20's. She has a strong FH of premature CAD and would like to exclude significant CAD, with some SOB during exertion. She notes swelling of her fingers and ankles, particularly toward

UNKNOWN; This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.

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.; July 17 2015; There has not been any treatment or conservative therapy.; chest tightness at rest and excursion; ankle swelling; lightheadedness

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.

Yes, this is a request for CT Angiography of the Neck.

There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has 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.

Shortness of breath and chest pains. Also has limb pain. Follow up of cardiomyopathy.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/13/15; Mr. Powell comes to the PVI for an evaluation for PAD at the request of P. Stage, APN secondary to complaints of limb pain. He complains of pain in his BLE, buttock, and hips with exertion. Pain is relieved within a few minutes of rest. Numbness ; There has not been any treatment or conservative therapy.; 7/13/15; Mr. Powell comes to the PVI for an evaluation for PAD at the request of P. Stage, APN secondary to complaints of limb pain. He complains of pain in his BLE, buttock, and hips with exertion. Pain is relieved within a few minutes of rest. Numbness

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

The patient saw his oncologist recently and was found to have increasing liver function. Years ago he was tried on a statin and his liver function test increased slightly in the statin was discontinued and he has never been tried again. The liver function; This study is being ordered for Vascular Disease.; The patient saw his oncologist recently and was found to have increasing liver function. Years ago he was tried on a statin and his liver function test increased slightly in the statin was discontinued and he has never been tried again. The liver function; There has not been any treatment or conservative therapy.; The patient saw his oncologist recently and was found to have increasing liver function. Years ago he was tried on a statin and his liver function test increased slightly in the statin was discontinued and he has never been tried again. The liver function

Radiology Services Denied Not Medically Necessary

Unknown; 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

Mr. Travis Pollard is a very pleasant 29-year-old gentleman who presents today for emergency room follow-up. I have reviewed his records and summarized them below. I saw Mr. Pollard last in 07/14 for a history of congenital heart disease with complete; 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.; It is not known whether there is a known or suspected coarctation of the aorta.; It is not known if there is another type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.

Radiology Services Denied Not Medically Necessary

Over the past few weeks she has had cough and wheezing. Cough is daily and nonproductive, improved with updraft. It has not gotten better despite steroids and zpack. She smokes. Mild SOB and no chest pain.; This study is being ordered for Vascular Disease.; Over the past few weeks she has had cough and wheezing. Cough is daily and nonproductive, improved with updraft. It has not gotten better despite steroids and zpack. She smokes. Mild SOB and no chest pain.; There has been treatment or conservative therapy.; COUGH AND WHEEZING; UPDRAFTS

Radiology Services Denied Not Medically Necessary

The patient saw his oncologist recently and was found to have increasing liver function. Years ago he was tried on a statin and his liver function test increased slightly in the statin was discontinued and he has never been tried again. The liver function; This study is being ordered for Vascular Disease.; The patient saw his oncologist recently and was found to have increasing liver function. Years ago he was tried on a statin and his liver function test increased slightly in the statin was discontinued and he has never been tried again. The liver function; There has not been any treatment or conservative therapy.; The patient saw his oncologist recently and was found to have increasing liver function. Years ago he was tried on a statin and his liver function test increased slightly in the statin was discontinued and he has never been tried again. The liver function

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

Over the past few weeks she has had cough and wheezing. Cough is daily and nonproductive, improved with updraft. It has not gotten better despite steroids and zpack. She smokes. Mild SOB and no chest pain.; This study is being ordered for Vascular Disease.; Over the past few weeks she has had cough and wheezing. Cough is daily and nonproductive, improved with updraft. It has not gotten better despite steroids and zpack. She smokes. Mild SOB and no chest pain.; There has been treatment or conservative therapy.; COUGH AND WHEEZING; UPDRAFTS
This is a request for CT Angiography of the Abdomen and Pelvis.
This is a request for a heart or cardiac MRI

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, shortness of breath, pressure-like heaviness in left-side chest radiating to left arm: 2013 cardiac cath did not show specific results: EKG did not show significant changes; Yes, there is Chronic Chest Pain.

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the abdominal arteries.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/14/15; There has not been any treatment or conservative therapy.; racing and pounding heart beat.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

59 year old female with hyperlipidemia, angina, abnormal ekg, and strong family history of ischemic heart disease.; 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

ANGINAL EQUIVALENT DOE, SYNCOPE, SMOKER, HTN, MURMUR-PULM STENOSIS, CONGENITAL HEART SX AS CHILD; 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

chest pain with exertion and goes away with rest; 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 pain, dyspnea on exertion, positive family history; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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

chest pain, dyspnea, hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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

CHEST PAIN, SOB, CAD S/P STENT, DYSLIPIDEMIA, SMOKER; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Radiology Services Denied Not Medically Necessary

chest pain, syncope, carotid bruit, dyspnea on exertion, leg pain, claudication; This is 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

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

edema, murmur, tachycardia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type I1. chest pain/shortness of breath on exertion: Patient states that she began having these symptoms about one month ago. They have progressively gotten worse. She has a history of smoking as well as early coronary artery disease; 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 Stress test performed and patient continues to have chest pain and shortness of breath. There is also left arm pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Radiology Services Denied Not Medically Necessary

Left arm pain, syncope and abdominal 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

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.; More than one year ago; There has not been any treatment or conservative therapy.; chest pain, palpitations, diaphoresis, malaise, fatigue, shortness of breath, weakness

Radiology Services Denied Not Medically Necessary

new on set of hypertension with chest pain and regular heart beats and normal ekg.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Radiology Services Denied Not Medically Necessary

none; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Radiology Services Denied Not Medically Necessary

patient also has known history of claudication, hypertension, palpitations, weakness, chest pain, dyspnea, strong family history of CAD, mother deceased of CAD, brother has 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 not know

Radiology Services Denied Not Medically Necessary

Patient cannot walk on TMST due to obesity and physical limitations. With his progression of shortness of breath, the doctor would like to have an Echo of the heart as well.; This study is being ordered for Inflammatory/ Infectious Disease.; Patient states he had a Cath about 3 years ago w/Dr. Jordan and is wanting to switch cardiologists. He saw Dr. Freddy Chrisman on 8-19-2015. On that date he complained of chest discomfort in the precordial area that radiates to the left arm and Dyspnea.; It is not known if there has been any treatment or conservative therapy.; CATH results showed mild CAD. He presented with Precordial chest discomfort that radiates to the left arm and Dyspnea. He has Edema and Obesity (410 lbs.)

Radiology Services Denied Not Medically Necessary

Pt had ABN base line EKG. Tread mill stress test is non diagnostic. Pt has severe arthritis.; 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

Radiology Services Denied Not Medically Necessary

Pt has a very strong family history of 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.; in February of 2015; There has been treatment or conservative therapy.; chest pain that radiates to the left arm with shortness of breath; medications

Radiology Services Denied Not Medically Necessary

Pt. have COPD oxygen dependent; can't walk on a treadmill; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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

Radiology Services Denied Not Medically Necessary

smoker, abn ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20

Radiology Services Denied Not Medically Necessary

smoker, dyspnea, hyperlipidemia, hypertension,; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

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 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).

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.; 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.

Radiology Services Denied Not Medically Necessary

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.

Radiology Services Denied Not Medically Necessary

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.

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 congestive heart failure.; 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 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 valve disorders.

Radiology Services Denied Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7-6-15; There has not been any treatment or conservative therapy.; patient having chest pain, 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.; Ongoing for several months.; There has not been any treatment or conservative therapy.; cp; SOB; palpitations

Radiology Services Denied Not Medically Necessary

This will be an Exercise Nuc Stress; Patient has Chronic Back pain.; Is a Current smoker.; Family Hx DM; This is 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

abnormal ekg; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; july 2015; There has been treatment or conservative therapy.; shortness of breath, angina, cough; inhaler for copd ; atorvastatin ; morpherin, spereva, albuterol

Radiology Services Denied Not Medically Necessary

pain 8 out of 10, known cad with chest pain. EF about 50. bmi only 30. worsening dyspnea with exertion; This is a request for a Cardiac-imaging PET scan.; This study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The patient does NOT have a body Mass List score index equal to or above 40.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/14/15; There has not been any treatment or conservative therapy.; racing and pounding heart beat.

Radiology Services Denied Not Medically Necessary

n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; More than one year ago; There has not been any treatment or conservative therapy.; chest pain, palpitations, diaphoresis, malaise, fatigue, shortness of breath, weakness

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.; 08/10/2015; There has not been any treatment or conservative therapy.; chest pain, SOB, dizziness, hypertension

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 as a post operative evaluation.

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a history of heart 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 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) indicative 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.; 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

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It is unknown if it has it been at least 12 months since the last echocardiogram was performed.

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.

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.; It is unknown if 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 the heart's response to high blood pressure.

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 follow-up to a prior test.

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.

Radiology Services Denied Not Medically Necessary

This study is 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 for several months.; There has not been any treatment or conservative therapy.; cp; SOB; palpitations

Radiology Services Denied Not Medically Necessary

This study is being ordered for Vascular Disease.; 2014; There has been treatment or conservative therapy.; CP, SOB, PVD; meds,

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.

Radiology Services Denied Not Medically Necessary

This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.

Radiology Services Denied Not Medically Necessary

This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.

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

This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/8/2015 is when she was first seen by this dr; There has been treatment or conservative therapy.; Very specific pain in lumbar region back that has not subsided; x-rays are inconclusive; Never stops having headache even with pain medication and conservative therapy; Seen 3x's per week; Chiropractic care and rehab therapy

; 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.

Please see fax attached.; 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).

This request is for a Brain MRI; The study is NOT being requested 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.

"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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/17/15; There has been treatment or conservative therapy.; Patient has pain, limited range of motion, and weakness in arms and shoulders.; Patient has been getting chiropractic care, and physical therapy.

; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; NECK PAIN THAT RADIATES TO LEF SHOULDER/ARM/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.

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.

MAXIMAL FORAMINAL COMPRESSION IS POSTIVE BILATERALLY WITH PAIN RADIATING TO LEFT ARM; 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.; NECK PAIN THAT RADIATES INTO LEFT SHOULDER/ARM/HAND WITH DECREASED RANGE OF MOTION

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.; 7/28/2015; There has been treatment or conservative therapy.; Pt experiencing headaches, neck pain and R arm pain.; PT, Chiro, insaids nothing is working

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; 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; &Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

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.

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.; 4th week of conservative management with no improvement

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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/17/15; There has been treatment or conservative therapy.; Patient has pain, limited range of motion, and weakness in arms and shoulders.; Patient has been getting chiropractic care, and physical therapy.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; muscle strength to legs and 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.

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Back Pain; TENS unit, OTC Medications.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/8/2015 is when she was first seen by this dr; There has been treatment or conservative therapy.; Very specific pain in lumbar region back that has not subsided; x-rays are inconclusive; Never stops having headache even with pain medication and conservative therapy; Seen 3x's per week; Chiropractic care and rehab therapy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Mid August 2015; There has been treatment or conservative therapy.; L back pain / sciatica pain / radiating into L hip /; chiropractic care / HEP bypass; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

chronic lower back pain with radiation of pain into the bilateral lower legs which causes numbness in the lower legs. history of traumatic injury 13 years prior that worsened chronic pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Musculoskeletal:: Motor Strength and Tone: normal. Joints, Bones, and Muscles: bilateral lumbar spine tenderness to palpation. decreased range of motion to side bending and rotation. hypertonicity to bilateral lumbar paraspinal musculature.. 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.

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.; 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
unknown; 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 - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Back Pain; TENS unit, OTC Medications.

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.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; n/a

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.; has decreased range of motion  pain and throbbing  active and passive rage of motion are very minimal

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.; Leaving to play College baseball and is leaving next week. Previous hx of similar pain. Previously saw orthopedist. Week and a half of care.

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 completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics.

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; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days

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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Mid August 2015; There has been treatment or conservative therapy.; L back pain / sciatica pain / radiating into L hip /; chiropractic care / HEP

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 been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.

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.; 7/28/2015; There has been treatment or conservative therapy.; Pt experiencing headaches, neck pain and R arm pain.; PT, Chiro, insaids nothing is working

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >
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; The reason for ordering this test is Neurologic 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; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; <Enter Additional Clinical Information>

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

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

None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

R/O disc herniation; 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. >; 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

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is not known if the member experience a painful popping, snapping, or giving away of the knee.

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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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 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 Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.

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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 06-29-2015; There has not been any treatment or conservative therapy.; pain

Radiology Services Denied Not Medically Necessary

NONE; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 06-29-2015; There has not been any treatment or conservative therapy.; pain

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.; This combination request does not include an OB Ultrasound.

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 not a hematologist/ oncologist.; This combination request does not include an OB Ultrasound.

This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

Pt has degeneration of THORACIC/LUMBAR disc.; 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 lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; hip and leg; There is not x-ray evidence of a recent lumbar fracture.

This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.

This 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Degeneration of the lumbar and cervical discs; The patient 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 No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2013; There has been treatment or conservative therapy.; back pain radiating, numbness, tingling.; pain medication

; This study is being ordered for a neurological disorder.; 01/01/2005; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs

; This study is being ordered for a neurological disorder.; 01/01/2010; There has been treatment or conservative therapy.; neck and back pain; neck surgery, epidurals, pain medication, muscle relaxers

; This study is being ordered for a neurological disorder.; 11/1/14; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, muscle relaxer, ibuprofen, NSAIDs

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medications, muscle relaxers, NSAIDs

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid-back pain; pain medication, NSAIDs, 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.; 11/01/2012; There has been treatment or conservative therapy.; neck and shoulder pain; NSAIDs, muscle relaxers, pain 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.; gradually over time; There has been treatment or conservative therapy.; neck , back and bilateral shoulder pain; pain medication, muscle relaxers, NSAIDs

Positive for Hoffmann on the right and mildly on the left.; This study is being ordered for a neurological disorder.; Feb 2015; There has been treatment or conservative therapy.; Radiating pain down L arm into hand; numbness and tingling ins L arm; restricted movement; pain; poor control of core muscles;; Medication since Jan of 2015.

tenderness on palpation of the right greater trochanter(s). Soft Tissue Palpation on the Right: tenderness of the lower paraspinals, the quadratus lumborum, and the gluteus medius tenderness of the lower paraspinals and the quadratus lumborum. Active Rang; This study is 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.; Pain, numbness, tingling; betamethasone acetate and sodium phos 6 mg/mL suspension for injection; Take by injection route. 07/20/15 administered John Yocum, MD; bumetanide 1 mg tablet; 09/11/15 filled Caremark; clonazepam 1 mg tablet; 09/11/15 filled Caremark

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.

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 study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid-back pain; pain medication, NSAIDS, ibuprofen

Positive for Hoffmann on the right and mildly on the left.; This study is being ordered for a neurological disorder.; Feb 2015; There has been treatment or conservative therapy.; Radiating pain down L arm into hand; numbness and tingling ins L arm; restricted movement; pain; poor control of core muscles;; Medication since Jan of 2015.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2013; There has been treatment or conservative therapy.; back pain radiating, numbness, tingling.; pain medication ; This study is being ordered for a neurological disorder.; 01/01/2005; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs ; This study is being ordered for a neurological disorder.; 11/1/14; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, muscle relaxer, ibuprofen, NSAIDs ; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs ; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medications, muscle relaxers, 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.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers

faxing clinical; The study 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.

LRM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Aug 2007; There has been treatment or conservative therapy.; pain; injections to shoulder/back

patient continues to have the same issues after completing 6 weeks of physical therapy with no relief still having numbness and tingling.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness due to numbness and tingling in lower extremities burning in feet; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Positive for Hoffmann on the right and mildly on the left.; This study is being ordered for a neurological disorder.; Feb 2015; There has been treatment or conservative therapy.; Radiating pain down L arm into hand; numbness and tingling ins L arm; restricted movement; pain; poor control of core muscles;; Medication since Jan of 2015.

pt has tenderness over bilateral facet joint; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

tenderness on palpation of the right greater trochanter(s). Soft Tissue Palpation on the Right: tenderness of the lower paraspinals, the quadratus lumborum, and the gluteus medius tenderness of the lower paraspinals and the quadratus lumborum. Active Rang;
This study is 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.; Pain, numbness, tingling; betamethasone acetate and sodium phos 6 mg/mL suspension for injection; Take by injection route. ; 07/20/15 administered John Yocum, MD ; bumetanide 1 mg tablet ; 09/11/15 filled Caremark ; clonazepam 1 mg tablet ; 09/11/15 filled Caremark

The patient is a 46-year-old female who was originally treated for cervical spine pain, which improved following epidural steroid injections but then began complaining of right paramidline lumbosacral spine pain. The patient underwent a single therapeuti;
The study 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 in extreme pain due to displacement of lumbar intervertebral disc.; 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.; 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)

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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/01/2012; There has been treatment or conservative therapy.; neck and shoulder pain; NSAIDs, muscle relaxers, pain medication

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 Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.

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.; 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 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.

The patient reports he has neck pain with electric shock like sensations from his neck down to his left arm and to the fingers, especially the medial three fingers.; "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

This is a request for a lumbar spine CT.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 6/24/2015; There has been treatment or conservative therapy.; tingling, weakness, numbness, radiates, swelling.; PT and MEDS

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Tenderness; pain; restricted range of motion; tender all the way down to SI joint; Medications and injections

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 01/01/2010; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 15+ years ago; There has been treatment or conservative therapy.; neck and back pain, radiculopathy; back surgery, pain medications, 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.; neck and mid to lower back pain radiating to UE and LE; pain medication, muscle relaxers, 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.; neck and back pain; NSAIDs, pain medication

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, muscle relaxer, 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.; neck and mid to lower back pain; pain medication, NSAIDs 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.; 01/01/2014; There has been treatment or conservative therapy.; neck and mid to lower back pain, pain radiating to back and thigh; pain medication, muscle relaxers, NSAIDs, 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.; 01/01/2015; There has been treatment or conservative therapy.; neck and mid to lower back pain, numbness and tingling; physical therapy, 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.; 11-01-2014; There has been treatment or conservative therapy.; neck and shoulder pain; NSAIDS, pain medication, 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.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Neurological deficits; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Tenderness; pain; restricted range of motion; tender all the way down to SI joint; Medications and injections

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Meds, injections (ESI's)

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 01/01/2010; There has been treatment or conservative therapy.; neck and back pain; 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.; neck and mid to lower back pain radiating to UE and LE; pain medication, muscle relaxers, 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.; neck and mid to lower back pain; pain medication, muscle relaxer, 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.; neck and mid to lower back pain; pain medication, NSAIDs 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.; 01/01/2014; There has been treatment or conservative therapy.; neck and mid to lower back pain, pain radiating to back and thigh; pain medication, muscle relaxers, NSAIDs, 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.; 01/01/2015; There has been treatment or conservative therapy.; neck and mid to lower back pain, numbness and tingling; physical therapy, pain medication, NSAIDs

Radiology Services Denied Not Medically Necessary

medical records attached; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; weakness, numbness and tingling in the thoracic spine radicular to the lumbar spine and lower extremities; X-Ray's, Thoracic Epidural Steroid Injection, Trigger Point Injection, Medication, Physical Therapy

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 6/24/2015; There has been treatment or conservative therapy.; tingling, weakness, numbness, radiates, swelling.; PT and MEDS

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Tenderness; pain; restricted range of motion; tender all the way down to SI joint; Medications and injections

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Meds, injections (ESI's)

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 01/01/2010; There has been treatment or conservative therapy.; neck and back pain; neck surgery, epidurals, pain medication, muscle relaxers

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 01/01/2010; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 15+ years ago; There has been treatment or conservative therapy.; neck and back pain, radiculopathy; back surgery, pain medications, 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.; neck and mid to lower back pain radiating to UE and LE; pain medication, muscle relaxers, 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.; neck and back pain; NSAIDs, pain medication

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, muscle relaxer, 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.; neck and mid to lower back pain; pain medication, NSAIDs 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.; 01/01/2014; There has been treatment or conservative therapy.; neck and mid to lower back pain, pain radiating to back and thigh; pain medication, muscle relaxers, NSAIDs, 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.; 01/01/2015; There has been treatment or conservative therapy.; neck and mid to lower back pain, numbness and tingling; physical therapy, 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 , back and bilateral shoulder pain; pain medication, muscle relaxers, NSAIDs

Radiology Services Denied Not Medically Necessary

1. Axial lower back pain consistent with internal disc disruption at L5-S1 and L4-L5  confirmed with provocative lumbar discography.  2. Bilateral lower limb pain consistent with somatic referral from #1 versus S1 versus L5  radicular pain.  PLAN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She reports weakness and unsteady gait; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

medical records attached; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; weakness, numbness and tingling in the thoracic spine radicular to the lumbar spine and lower extremities; X-Ray's, Thoracic Epidural Steroid Injection, Trigger Point Injection, Medication, Physical Therapy

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

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.

Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.

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.; 11-01-2014; There has been treatment or conservative therapy.; neck and shoulder pain; NSAIDS, pain medication, 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.; gradually over time; There has been treatment or conservative therapy.; neck , back and bilateral shoulder pain; pain medication, muscle relaxers, NSAIDs

Radiology Services Denied Not Medically Necessary

LRM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Aug 2007; There has been treatment or conservative therapy.; pain; injections to shoulder/back

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; bilateral knee pain; physical therapy, pain medication, muscle relaxer, 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.; over 10 years; There has been treatment or conservative therapy.; bilateral knee pain; pain medication, muscle relaxers

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.;

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 request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 5/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; antibiotics nasal sprays sudafed

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 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 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

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

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.; 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.; 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 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.

"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.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 wks; There has not been any treatment or conservative therapy.; Shortness of breath Chest congestion Abnormal chest x ray

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

Pt was in automobile accident asymmetry joint space of C1 and C2; 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 a neurological disorder.; ; There has been treatment or conservative 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; The reason for ordering this test is Neurologic deficits

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 trauma or injury.; 9-13-15; There has been treatment or conservative therapy.; Back pain with numbness and weakness in his left leg.; Pt has hx of neck surgery and has chronic neck pain but has new and worsening symptoms.; He is a pt in pain management. He is treated with Meloxicam, Tylenol-Codeine #4

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.

< 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

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)

Unable to continue PT. Pt has thickening skull which makes her have problems. DDD L3 and L4 is very narrow and pain is worse. Pt is having radiculopathy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.

unknown; This study is being ordered for trauma or injury.; 9-13-15; There has been treatment or conservative therapy.; Back pain with numbness and weakness in his left leg.; Pt has hx of neck surgery and has chronic neck pain but has new and worsening symptoms.; He is a pt in pain management. He is treated with Meloxicam, Tylenol-Codeine #4

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.

Yes, this is a request for CT Angiography of the lower extremity.

non healing ulcer drainage and pain; 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.

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; 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 lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is 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 Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.; The hematuria is newly diagnosed.

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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 wks; There has not been any treatment or conservative therapy.; Shortness of breath Chest congestion Abnormal chest x ray

; 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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for symptoms of a heart problem.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 5/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; antibiotics nasal sprays sudafed

anxiety/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.; possible tumor; It is not known if there has been any treatment or conservative therapy.; headache,weakness

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

anxiety/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.; possible tumor; It is not known if there has been any treatment or conservative therapy.; headache, weakness confused, amnesia, no pain, no neurological disorders; 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 not a new patient.

Radiology Services Denied Not Medically Necessary

ip/no clinical; 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 study is 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 she has had a headache since July 2 and she also has Right upper quad pain she also reports fatigue and weakness; It is not known if there has been any treatment or conservative therapy.; Chills, fatigue, weakness, fever, sweats, headache, light headedness, weakness, Dizziness, abd pain and nausea

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness due to radiating pain from neck to wrist; The patient 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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; n/a; It is not known if there has been any treatment or conservative therapy.; neck, back and lower 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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; n/a; It is not known if there has been any treatment or conservative therapy.; neck, back and lower back pain ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; n/a; It is not known if there has been any treatment or conservative therapy.; neck, back and lower back pain

Radiology Services Denied Not Medically Necessary

Lumbar spine - tenderness, Range of motion: moderate pain w/motion. still has lumbar spine with radiation to left buttock will get L spine film L 3-4 disc space is narrow will get mri Onset: 2 weeks ago. Location of pain is lower back. Pain is r; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 had pain for 5 days and rates his pain 08/10; 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.

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 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

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

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

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.; Patient states she has had a headache since July 2 and she also has Right upper quad pain she also reports fatigue and weakness; It is not known if there has been any treatment or conservative therapy.; Chills,fatigue,weakness,fever,sweats,headache,light headedness,weakness,Dizzines,abd pain and nausea

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.

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.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.

; 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). pituitary tumor , prolactinoma; 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 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; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor best describes the patient's 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 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 is experiencing fatigue or malaise.

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.

"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.

Lt flank pain moderate to severe no radiation; low grade fever; 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 an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

Radiology Services Denied Not Medically Necessary

Timothy W Montgomery is a 28 y.o. male. Referred for infertility and hypogonadism. At age 18 patient was seen at LRDC, and placed on testosterone injections from age 18-20. No injections for 3-4 years due to insurance (age 20-24). About age 25-28 he start; 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

patient has abnormal LST's; 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.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed.

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.; 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 high pro insulin levels/ abnormal ast and ALT / continues to have intermittent hyperglycemia/

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 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 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.

"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.

Diverticulitis and weight loss; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/3/15; There has been treatment or conservative therapy.; rectal bleeding, weight greater than 50 pounds, abdominal pain, blood in stool; antibiotics

ESOPHAGEAL MASS FOUND TODAY ,S/P EGD/COLONOSCOPY DONE TODAY,PT HAS HX OF N/V/WEIGHT LOSS AND CIRRHOSIS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

on noncontrasted CT while in hospital pt was found to have liver lesions and abnormal lymph nodes. Radiologist recommended contrasted CT to further evaluate area and Dr is wanting to rule out lymphadenopathy and assess chest area for spreading; This study is being ordered for Inflammatory/ Infectious Disease.; a week ago; There has been treatment or conservative therapy.; abdominal pain, nausea and vomiting; pt was d/c from hospital on full liquid diet with prescriptions and is instructed to follow up with internal disease dr and GI dr as directed.

pt had an ultrasound of abdomen on 08/28/15 shown a large mass and fusions; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 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.

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."; Chest pain

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

; 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

abdomen & pelvic st previous 1.3 lesion liver folloe-up ct recommended, mild thickening is present in the stomach and rectocolonid; 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

chronic hep c; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Patient had EGD for epigastric abdominal pain and weight loss. Pathology came back and patient has gastric inflammation.; 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

Surveillance before possible liver biopsy; 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 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.; 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.; 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,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.

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

Ultrasound of the liver showed enlarged pancreas or nodule on pancreas.; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Other

Upper abdominal pain, R/O cerosis. lab results completed. Acute hep B; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-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.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound results are unknown.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.

; 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 acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.

1. Diverticulitis  Patrick Ingram is a 42-year-old gentleman significantly obese, with a long-standing history of reflux which has been worsening over the last 6 months, occasional eructation and occasional vomiting. He reports intermittent swallowing ; This is a 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.

56 yr old female patient w/ LLQ 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.

Abnormal labs; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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.

Diverticulitis and weight loss; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/3/15; There has been treatment or conservative therapy.; rectal bleeding, weight greater than 50 pounds, abdominal pain, blood in stool; antibiotics

Dual dental ulcer.; 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.

ESOPHAGEAL MASS FOUND TODAY ,S/P EGD/COLONOSCOPY DONE TODAY,PT HAS HX OF N/V/WEIGHT LOSS AND CIRRHOSIS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

IMPRESSION: 1. 6.3 cm deep subcutaneous abdominal fluid collection at and to the left of midline at about the level of the open wound seen on the exam of 9/29/2014, presumed abdominal wall abscess. No intraperitoneal fluid collection otherwise to suggest ; This is a 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.

Inflammatory Bowel Disease and rectovaginal fistula; Looking for abscesses and fistulas in the small intestine; 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.

PREVIOUS CT PREFORMED BY AN ER PHYSICIAN SHOWED PANCREATIC DUCTAL PROMINENCE. ALSO SHOWED, CALCIFICATIONS ON THE OVARIES. THE PATIENT COMPLAINES BOTH UPPER AND LOWER GI PAIN AND HAS BLOOD IN STOOL.; 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.

pt had an ultrasound of abdomen on 08/28/15 shown a large mass and fusions; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 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.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.

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.;

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 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.; 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 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; 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 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; <Enter Additional Clinical Information>

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ab pain and nausea, known Crohn's

This is 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 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; Differential diagnosis - angioedema; neuroendocrine tumor; abdominal migraines/cyclic vomiting syndrome; His symptoms sound somewhat indicative of cyclic vomiting syndrome or abdominal migraine. He also relates that each time he has had an episode he ha

This is 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 ulcers in the esophagus

This is 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 pain and fever since 8/1/2015, tenderness 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; Negative ultrasound and tenderness , Hep C history and R/O Covagilavistalla

This is 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; Patient is anemic, on OTC iron.

This is 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 experiencing abdominal pain and abdominal tenderness  frequent urination and history of TI Bleed

This is 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 diffuse abdominal and pelvic pain as well abdominal bloating.

This is 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 cirrhosis, known Hepatitis c and elevated AFP.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; possible 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; pt has hep B,

This is 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 recently in hospital with with vomiting and received transfusion while in the hospital has nausea and constipation anemia to chronic blood loss,, abnormal lab work

This is 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 with nausea, left upper quadrant pain, mild alteration in bowel pattern, and mild 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; recurrent abdominal pain, abnormal liver function tests, high elevation in transaminases, poor appetite, recurrent right 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; Unexplained weight loss in this pt

This is 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.; 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 study is being requested for abdominal and/or pelvic pain.; The study is 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.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.

This is a 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.

This is a 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.

unexplained varices; 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.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-2015; There has not been any treatment or conservative therapy.; Nausea, Vomiting, weight loss

35 year old woman with a past medical history of breast cancer and Graves Dz who comes to the clinic regarding hepatocellular liver enzyme elevation in an AST-predominant pattern Her TB/AP/AST/ALT have increased form 1.4/155/206/107 on 5/4 to 4.3/266/214/; This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An abnormal amalyse or lipase was NOT noted.

had CT liver biopsy and normal - HEP C though; 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.

History of liver mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

pt seen in the office for abd pain, pt recent CT scan shows nodular liver and dilated common bile duct need further eval with MRI Abd and MRCP to r/o Mass in the pancreas and question of cirrhosis of the liver; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 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."; < Enter answer here - or Type In Unknown If No Info Given. >

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."; 24 year old female with crohns diseas of small intestine with intestinal obtstruction mri to eval

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."; 44 y/o F with intermittent N/V and abdominal pain referred for evaluation. No pertinent medical history to explain this, no UGI surgeries, no herbal meds use. Zofran and Promethazine do not help much.    1. Will obtain MRCP to evaluate the pancreaticob

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."; 57AAF presenting to clinic as a follow-up visit. She has a PMHx of Crohn's Disease (fistulizing and stricturing in nature) originally diagnosed in 2007.   Pt was started on Remicade in Jan 2015 and is currently on every 8 week infusion regimen with goo

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."; Aug 2015 MRI/MRCP; IMPRESSION: 1. Findings consistent with acute edematous pancreatitis. Mild; extrinsic compression of the CBD related to the pancreatic head; inflammatory process. No evidence for biliary duct dilatation or; choledocholithiasis. 2. Un

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."; Pancreatitis

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 Chirosis

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."; slow emptying stomach, guarding and weight gain

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 is for follow up after treatment (chemo embolization)

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 staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; none

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Patient is currently being evaluated for a liver transplant. Imaging is to view the progression of tumor.

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."; Imaging is to evaluate severity of portal vein thrombosis before being evaluated for a possible liver transplant.

This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Patient is currently being evaluated for a liver transplant. Pt has a very high MELD score and an elevated CA-125.

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 for continued listing and evaluate for portal hypertension.

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."; Pt is being evaluated for liver transplant. Imaging is being done to evel for HCC.

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."; I personally reviewed and interview Ms. Elaine P Fabbio today during his clinic visit. I agree with findings, assessment and plan of care as stated on Dr. Ramavaram note. In summary she comes today with outside imaging showing 2 small cystic lesions in th

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 without contrast. Elevated liver function persistent

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 scan on 8/19/15 that showed 5 hypervascular masses in the liver. Hemangiomas vs nodular hyperplasia. Recommended MRI. She is complaining of fatigue, severe abd pain/cramping and diarrhea.

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 CT on 8/21 and was found to have 3 liver masses. pt has been having severe abd pain and abnormal wt loss. radiologist recommended follow up MRI to evaluate the masses

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."; ABD pain, constipation and diarrhea.

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 is scheduled for a pancreatic biopsy and the radiologist is requested patient to have an MRCP prior to see if biopsy is needed.

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.; ALTHOUGH THE LAST IMAGING SHOWED NO ABNORMALITIES, IT IS NOW NECESSARY TO OBTAIN MRI / MRCP OF THE ABDOMEN TO EVALUATE WHY THIS PATIENTS PANCREATIC ENZYME CONTINUES TO CHANGE. ON 6/17/15 IT WAS 301 THEN ON 6/24/15 IT DROPPED TO 230 AND THEN ON 7/29/15 I

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.; evaluating pancreases// abdominal pain

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; MD found 3 lesions in liver during CT.

; It is not known if this patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; The member had colon screening studies completed prior to this request.

Did virtual last yr had colon blockage did a CT virtual last yr this is a F/U; 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.

It is not known if this patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; It is not known whether this patient has undergone an attempted but incomplete conventional colonoscopy.; It is not known if this patient has a known obstructing colorectal cancer.; The member had colon screening studies completed prior to this request.

It is not known if this patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; It is not known whether this patient has undergone an attempted but incomplete conventional colonoscopy.; This patient does not have a known obstructing colorectal cancer.; The member had colon screening studies completed prior to this request.

This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; It is not known whether this patient has undergone an attempted but incomplete conventional colonoscopy.; This patient does not have a known obstructing colorectal cancer.; The member had colon screening studies completed prior to this request.

< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-2015; There has not been any treatment or conservative therapy.; Nausea, Vomiting, weight loss

; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.
; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;

CT scan showed biliary dilatation; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

History of liver mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Patient has been losing weight over the last 6 months, unable to eat, nausea and vomiting. She tolerates 1 meal a day. The abdomen pain has intensified over the last month. She has had an EGD and a CT scan and labs which have not revealed a diagnosis; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

pt seen in the office for abd pain, pt recent CT scan shows nodular liver and dilated common bile duct need further eval with MRI Abd and MRCP to r/o Mass in the pancreas and question of cirrhosis of the liver; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

recently had a ct but didn't show the small bowels they are trying to look for, wants a better picture of the small bowel; 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 undergone unsuccessful ERCP and requires further evaluation.

Ultrasound on 8/7/2015 shows large gallstone with smaller gallstones present. Also shows there is some dilation of the common bile duct. Further assessment by MRCP; 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.; 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

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

Chest pain; 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

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

abdominal pain and altered bowel w/ some weight loss but not 10%; 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

Radiology Services Denied Not Medically Necessary

GERD, chronic constipation. abdominal pain and RUQP; 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

Radiology Services Denied Not Medically Necessary

none; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Liver; The patient had an Ultrasound.; The Ultrasound results were NOT equivocal.

Radiology Services Denied Not Medically Necessary

This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.

Radiology Services Denied Not Medically Necessary

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.

Radiology Services Denied Not Medically Necessary

Abd pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

on noncontrasted CT while in hospital pt was found to have liver lesions and abnormal lymph nodes. Radiologist recommended contrasted CT to further evaluate area and Dr is wanting to rule out lymphadenopathy and assess chest area for spreading; This study is being ordered for Inflammatory/ Infectious Disease.; a week ago; There has been treatment or conservative therapy.; abdominal pain, nausea and vomiting; pt was d/c from hospital on full liquid diet with prescriptions and is instructed to follow up with internal disease dr and GI dr as directed.

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;

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>

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 had lower ad pain/constipation/ bloating for 1 month

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.; Weight loss, diarrhea, constipation, reports R lower quad pain and it has gotten worse and tenderness on the R lower quad and is anemic.

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 normal.; The patient did not have an Ultrasound.

Radiology Services Denied Not Medically Necessary

THIS PATIENT IS HAVING ABDOMINAL PAIN IN ALL 4 QUADRANTS BUT MOST PROMINENT IN THE LUQ. SHE IS ALSO HAVING A CHANGE IN BOWEL HABBITS. A COLONOSCOPY WAS PREFORMED BUT WAS NON DIAGNOSTIC.; This is a 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

unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known 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 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.; a ct scan was done which showed no insight as to why the patient was having the abdominal pain or to explain the elevated enzymes. We would like to do an MRI with MRCP to evaluate this.

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.; R/O pancreatic issues.

Radiology Services Denied Not Medically Necessary

This is a request for CT Colonoscopy for screening purposes only.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for recent head trauma or injury.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

< Enter answer here - or Type In Unknown If No Info Given. >; 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.
; 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 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 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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.; ; There has not been any treatment or conservative therapy.;

1. Hypertension  Risk factors include male gender. The hypertension is exacerbated by stress. Associated symptoms include fatigue, headache and Worse HA of his life.. Additional information: The patient BP is elevated and he c/o headaches. His BP i; 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.

Bad taste in mouth smell off as well forgets c lose family names and forgets what she's doing.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

BLURRED VISION, WEAKNESS; 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 a previous stroke or aneurysm.

headache and numbness of the lips; 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.

headaches that are getting worse, medication is not helping; 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.

hit her head; have headaches and dizziness; have MS and have caused flare ups; can hardly open her eyes; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.

Injury. Headaches began after injury.; 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.

Large laceration to forehead; 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.

left sided numbness and weakness.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Memory loss of unknown cause; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Mental status change, confusion, non coherent and very fatigued; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.
near syncope, h/x of myocardial infarct. Pt states that her vision is slanted that last a few seconds and has happened a few times also feels light headed. Has become unconscious for a few seconds, near fainting while driving. MDO is wanting to r/o of seizure; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

new onset headache with nausea/vomiting, not relieved with medication, no history of headaches or migraines; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

NEW ONSET OF MIGRAINES WITH NAUSEOUS AND VOMITING, LIGHT REFRACTORY; 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.

old injury pt fell and bumped head; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Patient can hardly turn her head and feels like there is fluid in her ears when she does turn. She is having severe headaches with a "warm sensation" on the back of her 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.; 07/31/15; There has been treatment or conservative therapy.; Headaches with intensity of 8/10 and dizziness. Numbness and tingling down both arms; Hydrocodone and muscle relaxers. Patient has also tried at home therapy ie, rolling tennis ball on neck and stretches.

Patient experiencing 5 day durational headache, with a pain index of 10 out of 10. Patient taking Hydrocodone.; 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.

Patient had a syncopal episode and lost consciousness for a brief time; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Patient has confusion and dizziness with a worsening headache.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

Patient has experienced a TIA; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

patient has facial numbness; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Patient has had 2 known seizures in the past 3 months. Patients first episode was 1 year ago in august; 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.

pt co the worst headache ever, and dr howard is wanting to make sure this is not a anurysum or a bleed of some kind.; This study is 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.; pt presented to the clinic today with THE WORST HEADACHE SHE HAS EVER HAD! holding her head in her hands, started through the night and has gotten worse as the day goes on

pt fell and hit her head, pt has headaches, did loose consciousness, has muscle weakness, ringing in the ears nausea, blurred vision; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.

Pt had head injury having headaches, nausea and dizziness.; 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.

pt unable to have MRI studies due to hardware from previous back surgery; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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. started shaking got dizzy and nervous then lost consciousness. Risk factors, diabetes, hypertension. Still feels dizzy. Feels like he's going to pass out again, but hasn't. Has upper ABD pain. He did have a headache the night it occurred. Visual chang; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

This is a chronic problem. The problem occurs daily. The problem has been unchanged. The pain is located in the left unilateral region. The pain does not radiate. The pain quality is similar to prior headaches. The pain is at a severity of 6/10 (at times); This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for 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."; The study is requested for recent head trauma or injury.

This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.

This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.

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 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 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 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.; The study is requested for known or suspected brain tumor, mass or cancer.

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.; 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.

Tingling and numbness from head and neck to leg. Right arm tingling extends from finger tips to elbow. Fingers 2-4. Numbness and tingling in ball of foot streaking upward when she bends her neck forward.; This study is being ordered for a neurological disorder.; august 2015; There has not been any treatment or conservative therapy.; Headaches with dizziness. Weakness. paresthesia 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."; The study is requested for recent head trauma or injury.

unknown; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Ventricular shunt complications; 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.

Was seen in the ER three days ago and given medication. is in the office today with no improvement of symptoms. Says it's the worst headache he's ever had. Interferes with sleep. Needs CT for further evaluation; 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.

worsening headaches that are waking her up causing nausea and 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."; The study is requested for headache.

"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 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 suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"

"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"

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being
ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-
compromised.; The patient's current rhinosinusitis symptoms are described as (sudden
onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain,
pressure and reduction or loss of sense of smell, which are less than 12 wks in
duration); It has been 14 or more days since onset AND the patient failed a course of
antibiotic treatment

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being
ordered for something other than: known trauma or injury, metastatic disease, a
neurological disorder, inflammatory or infectious disease, congenital anomaly, or
vascular disease.; 06/07/2015; There has been treatment or conservative therapy.;
chest pain coughing headache shortness of breath; medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being
ordered for something other than: known trauma or injury, metastatic disease, a
neurological disorder, inflammatory or infectious disease, congenital anomaly, or
vascular disease.; 6/2/2015 for sinuses congestion; It is not known if there has been
any treatment or conservative therapy.; < Describe primary symptoms here - or
Type In Unknown If No Info Given >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/9/2015; There has been treatment or conservative therapy.; NAUSEA AND VOMITING  EAR PAIN IN LEFT EAR  SEVER LEFT SIDE HA  AGERVATED BY NOISE AND LIGHT  JAW PAIN AND BLURRY VISION; PATIENT WAS GIVEN MEDIATION

; 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.; 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 trauma or injury.; ; There has not been any treatment or conservative therapy.;

Being referred to ENT; 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.

BIL ear pain that radiates to back of head and behind eyes; 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

IMPRESSION: Right greater than left maxillary sinus disease with opacification and likely mucosal thickening.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Left side of the nasal mucosa is swollen possible foreign body. pt has had nasal surgery in the past.; 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 multiple visits this year for sinusitis and sinus issues.; 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 has had persistent cough that is not relieved with antibiotics. she has sinus symptoms that are not relieved with antibiotics or nasal spray. she has a history of lymphoma, she has had a bone marrow transplant, and chemotherapy in the past. W; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 having painful sinus pressure with nausea, headache, and congestion.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

This study is being ordered for 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 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)

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.

; 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.

Enter answer here - or Type In UnknoCC:  Ms. Cain is a 23 year old White female. She presents with lymph enlargement.   HPI:   Patient complains of lymphadenopathy. A possible swollen lymph node that was first noticed 3 weeks ago. This is located; 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.

further diagnostic evaluation of lymphadenopathy of right cervical pain/lump; 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.

HISTORY OF SMOKING; 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.

MRI's have been requested for surgical consult and to determine 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.; 08/02/2015; There has been treatment or conservative therapy.; Non mobile lymph node behind the ear mass is in the mastoid process. Patient states she feels tired all the time.; Antibiotics

repeat to make sure cancer has not spread; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

tender mass rt anterior 1 x 2cm also has hypothyroidism and leukocytosis. needs ct for further evaluation; 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 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 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 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.; 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 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.

unknown; This study is being ordered for trauma or injury.; 8/19/2015; There has not been any treatment or conservative therapy.; throid stones,

patient had a mri patient had several mini trans ischemic attacks; This study is being ordered for a neurological disorder.; 09/16/2015; There has not been any treatment or conservative therapy.; stroke like symptoms, neurological deficits

She feels pretty good except for headaches. She has a strong FH of aneurysms. She has never had any 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.; Headache (784.0). I have reviewed her records. It has been previously rec that she get a CTA. I think this is a good idea given the severity of her FH.; There has not been any treatment or conservative therapy.; She feels pretty good except for headaches. She has a strong FH of aneurysms. She has never had any imaging.
Yes, this is a request for CT Angiography of the brain.

patient had a mri patient had several mini trans ischemic attacks; This study is being ordered for a neurological disorder.; 09/16/2015; There has not been any treatment or conservative therapy.; stroke like symptoms, neurological deficits

She feels pretty good except for headaches. She has a strong FH of aneurysms. She has never had any 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.; Headache (784.0). I have reviewed her records. It has been previously rec that she get a CTA. I think this is a good idea given the severity of her FH.; There has not been any treatment or conservative therapy.; She feels pretty good except for headaches. She has a strong FH of aneurysms. She has never had any imaging.
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 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 pre-operative evaluation

Patient has a cyst and tumors on his back; This study is being ordered for trauma or injury.; Several years; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2015; There has not been any treatment or conservative therapy.; dizziness, headache

; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has been a recent (less than 2 week) neck or carotid artery ultrasound.; The results of the ultrasound are unknown.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has dizziness.

pt is having racing thoughts, difficulty concentrating. loss of balance and an abnormal CT scan; This study is being ordered for a neurological disorder.; 08/19/2015; There has been treatment or conservative therapy.; dizziness, gait instability, weakness; meds prescribed, instructions given

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 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.

; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has been a recent (less than 2 week) neck or carotid artery ultrasound.; The results of the ultrasound are unknown.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has 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 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.

tounge to the L of midline; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-10-2015; There has been treatment or conservative therapy.; R side weakness, twitching, h/a, neck pain; meds, PT, home exercise

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; 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).

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/10/2015; There has been treatment or conservative therapy.; Possible MS; headaches; weakness in upper extremities; paresis; Tylenol

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; January 20, 2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; EEG, referral to neurology.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/11/15; There has not been any treatment or conservative therapy.; patient is unable to talk slurred speech hurt all over including rt HA and TIA

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 17mos; There has been treatment or conservative therapy.; pain, swelling, weakness in lower extremities, headaches w/numbness; meds, pt

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2015; There has not been any treatment or conservative therapy.; dizziness, headache

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8 days ago; There has been treatment or conservative therapy.; Head trauma and blurred vision; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >

. Positive for difficulty urinating&#xOD; &#xOD; will r/o MS.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.

; 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 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.

; 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.

; 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 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.; 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).

; 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.; The patient has a sudden change in mental status.; It is unknown why this study is 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; numbness upper extremities, dizziness, cervical radiculopathy; Muscle relaxers and pain meds

; This study is being ordered for a neurological disorder.; 3 weeks ago; There has not been any treatment or conservative therapy.; numbness to 3/4/5th digits of right hand with radiation upward in his right arm. Blurred vision. Family history of MS

; This study is being ordered for trauma or injury.; 10+ years; There has been treatment or conservative therapy.; ; OTC Nsaids, Rx migraine medications, massage, at home range of motion exercises

2 migraines weekly with nausea, some relief with Sumatriptan. She takes Amitriptyline daily; 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.

Acute memory impairment - 780.93  New onset of headaches after age 50-  784.0; 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.

After consulting with specialist, it's in agreement the patient would benefit from and MRI of the brain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/15/2015; There has been treatment or conservative therapy.; Patient complains of chronic vertigo and weakness.; Patient has been treated with MDP and Flonase. Patient has seen cardiologist to rule out heart disease causing vertigo and weakness. The patient also has seen an ENT who has performed an ENG exam, posturography and audiometric testing.

altered mental status; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient is experiencing vertigo blurry vision with headaches and dizziness and reported episodes of syncope; 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.

CHRONIC DAILY HA X 1 MONTH. RIGHT OPTIC DISC ABNORMAL APPEARANCE.; 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).

dddddddddd; This study is 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.; ddddddddddd7

ENMT: Ears: no vertigo, difficulty hearing, ear pain, or ringing in the ears (tinnitus).
Nose: no difficulty smelling, frequent nosebleeds, or nose/sinus problems.
Mouth/Throat: no snoring, sore throat, anterior neck pain/tenderness, unusual taste of food; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Enter answer here - or Type In Onset was more than 12 months ago. The location is primarily over the crown. It does not radiate. Typical headache frequency is constant. The duration of each episode is usually all day. She has not had a formal head; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Enter answer here - or Type In Unknown If No Info Given; chronic daily headaches that are worsening. mother has a brain aneurysm; 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).

facial numbness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient had a normal audiogram.; The patient is experiencing hearing loss.

family hx of TIA.; 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).

Follow up to concussion b/c Pt is still having 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.; 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).

HA and 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).

HA x 5 weeks multiple meds. Hx of migraines 3 years ago. N/V Past hx of sinus disease; 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).

Headache - Detailed   Reported by patient.  Location: unilateral; frontal (R side/over R eye); temporal  Quality: not the worst headache ever; similar to previous headaches; sharp/stabbing Severity: mild to moderate usually  Duration: started: (abou; 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.

headache 3 years; 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.

Headache has not resolved completely. Constant dull HA then sharp pain at times. Patient to be evaluated for classic migraine. The location is primarily left and right temporal and over the crown. It does not radiate. He has had prior headaches similar; 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.

Headache, occasionally gets more intense. right eye drooping for the last week weakness on right side of face as well still having some numbness and tingling in right arm and pain in lower cervical area. No relief with conservative therapy.; This study is being ordered for a neurological disorder.; headache. occasionally gets more intense noticed right eye drooping for last week weakness on right side of face as well still having some numbness and tingling in right arm and pain in lower cervical area.; There has been treatment or conservative therapy.; Facial weakness on R side. Headache. Neck Pain. Paresthesia of upper limb. Ptosis.; Pt been to chiropractor a few times and has had multiple treatments but has gotten worse pain. Pt has taken otc NSAIDs & muscle relaxers with no relief. Also has been seen by Physical Therapy for several weeks.

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).

HEADACHES INCREASING IN SEVERITY, LEFT ARM WEAKNESS, RIGHT FACIAL NUMBNESS, CERVICAL 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; It is not known if there has been any treatment or conservative therapy.; HEADACHE, LEFT ARM WEAKNESS, RIGHT FACIAL NUMBNESS, CERVICAL PAIN

Headaches occur every 2-3 hours. Lab work show macrocytosis without anemia, B12 is low. BP elevated. Dizziness started 1-2 months ago; 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.

high pitched ringing in right ear; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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.

HYPERTENSION, EKG WAS ABNORMAL; 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.

in er with severe migraine; 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).

Increased frequency of headaches with history of meningioma. Prior surgery for meningioma.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; 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).

MDO wants to determine if there is any injury to the back and any contribution to the brain that is causing the seizures.; This study is being ordered for trauma or injury.; April 2015; There has not been any treatment or conservative therapy.; Pt is having numbness, no feeling, dizziness, back pain and has had seizures since the fall. member had a stroke in 2004, fainted four times on September 5, 2015 headache, dizziness, blurred vision; 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.

memory loss and dementia; 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.

MEMORY LOSS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has Bell's Palsy.; It is unknown why this study is being ordered.

metastatic colon cancer; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; 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.

Mr. WILLIAMS presents with a diagnosis of passenger injury in MVA. This was diagnosed 10 days ago. The course has been progressively worsening. It is of severe intensity. They were traveling at 60 MPH and another vehicle pulled in from of them trying ; 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.

MRI of brain w/o contrast shows 6mm measurement of pineal gland may be represent of small cyst or pinealoma, suggest post contrasted MRI for evaluation of the pituitary; 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).

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 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.

ongoing since Dec 2014; 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.

Onset: 2 days ago. Severity level is moderate. The patient states the earache is in the right ear. The problem is worse. Symptom is aggravated by lying down. Denies relieving factors. Associated symptoms include drainage (purulent), ear pressure, fu; 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.

Patient fell out of a truck, hitting his head. Now having headaches with neck stiffness and pain. Needs evaluation for possible remote head trauma; 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 has a history of transient ischemic attack. He is experiencing chronic daily headache and is experiencing memory loss of unknown cause.; 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).

Patient has a pituitary adenoma, she also suffers from seizures and has migraines.; 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 HAS BEEN HAVING TOO MUCH PRESSURE AROUND THE EYES AS WELL AS SEVERE HEADACHES. EYE DOCTOR IS SUGGESTING TO DO AN MRI FOR EVALUATION; 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 had a headache x 2 days. patient rates pain 5/10; 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 not described as a “thunderclap” or the worst headache of the patient’s life.

Patient has history of hydrocephalus which he had to have brain surgery 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.; 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 has ongoing headaches with no improvement with Imitrex. Xray of sinuses was normal.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Patient has sudden severe uncontrollable movements with headache.; 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 is having symptoms of galactorrhea; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

patient is having visual disturbance, persisting headache overtime.; 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 seen in ED 8/3 - 8/9 - 8/13 - 8/17 for severe headaches and seizure symptoms. Had normal CT of head in ED on 8/3, 8/9, and 8/17. Seen in office 8/20/15 - has frequent headaches and past history of benign 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).

PATIENT STATES THAT SHE PASSES OUT RANDOMLY AND DOES NOT KNOW WHY. DR. SUSPECTS SEIZURE DISORDER MAY BE A POSSIBILITY; This request is for a Brain MRI; The study is 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 states the headache has been ongoing for several months, but has increased to every day and the pain is worsening.; 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 tripped and hit head on somebody knee, now having ha; 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 was assaulted with direct impact to brain. After assault, others witnessed seizure activity.; 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 has nausea and light sensitivity. With new symptoms of vision changes.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

pt has right eye lateral upper hemianopsia visual field defect after MVA on 06-18-15; 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 having racing thoughts, difficulty concentrating. loss of balance and an abnormal CT scan; This study is being ordered for a neurological disorder.; 08/19/2015; There has been treatment or conservative therapy.; dizziness, gait instability, weakness; meds prescribed, instructions given

pt presented with headache and facial parthisia. R/o Stroke; 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 went to ER and had a CT and on results showed an empty sella syndrome and requested for further review. Been seeing neurologists on symptoms; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

PT with no relief. Loss of normal cervical lordosis, multiple levels of degenerative disc disease. No known 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.; 3/25/15; There has been treatment or conservative therapy.; pain in neck, knots in neck. Whole right side hurts. Knots in shoulder.; medications, physical therapy for 6 weeks

pt. has tremors , dizziness , mri to evaluate; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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

R/O MS; 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.

Recent syncopal episode possible seizure and arachnoid 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.

Reevaluate frontal lobe cyst on prior mri.; 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).

Saw Chiropractic on 9/28/15 difficulty swallowing; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/28/2015; There has not been any treatment or conservative therapy.; Facial numbness, headache, numbness and tingling down left arm

Seizures and R foot pain with an abnormal x-ray; This study is being ordered for a neurological disorder.; 06/24/2015; There has been treatment or conservative therapy.; Pt is experiencing seizures.; Pt is also having pain in R foot with an abnormal x-ray; Pt has been started on two oral medications for the seizures, and has now experienced another seizure.; Pt has been on anti-inflammatories and exercises for the foot pain. X-ray in our office shows an abnormality which may or may not be congenital

Syncope; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 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 patient is a non-complainer. she presented with complaints of a persistent severe headaches associated with vertigo. we have sent her to an ENT for evaluation and no cause was found. this has been persistent for at least 6 months and she has tried nu; 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; Changing neurologic symptoms best describes the reason that I have requested this test.

This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.

This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.

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 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; 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 Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.

This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.

This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.

This request is for a Brain MRI; Recent (in the past month) trauma best describes the reason that I have requested this test.

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 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 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.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

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 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 condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing vertigo

This request is for a Brain MRI; The study is NOT 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 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 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.; 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.; 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 seizures.; There has been a change in seizure pattern or a new seizure.

to r/o 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.; 4/3/2015; There has been treatment or conservative therapy.; numbness , weakness , swelling , tingling , tremors , severe headaches , blurry vision , hypo esthesia , in left c6 distribution; physical therapy , heat therapy , pain medications , anti inflammatory
tounge to the L of midline; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-10-2015; There has been treatment or conservative therapy.; R side weakness, twitching, h/a, neck pain; meds, PT, home exercise

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; 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).

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.; It is not known if there is 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.; 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 NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

unknown; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; tremors, altered mental status, passing out

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.

visual disturbances, patient experiences vision loss in one eye at times.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

visual disturbances, slurred speech, went to ER on Sunday with stabbing pain, woke up with head pain on Monday with pain behind right eye; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

Woman with 3-4 year history of burning sensation in hands, arms, feet, and different random spots, which comes and goes. 1st started in hands, and EMG found mild R carpal tunnel only. Sx improved p changing work station, but returned ~1y later. Was just; This study is being ordered for Inflammatory/ Infectious Disease.; 3-4 YEARS AGO; There has not been any treatment or conservative therapy.; Woman with 3-4 year history of burning sensation in hands, arms, feet, and different random spots, which comes and goes. 1st started in hands, and EMG found mild R carpal tunnel only. Sx improved p changing work station, but returned ~1y later. Was just

Woman with pain in B anterolateral thighs, in a ~5cm area above knees, and sometimes entire legs feels painful, c pain in L lower abdomen and groin feeling numb. + LBP.Has come and gone over yrs, and lately doing better c massage therapy. Legs still fee; This study is being ordered for a neurological disorder.; YEARS AGO; There has been treatment or conservative therapy.; Woman with pain in B anterolateral thighs, in a ~5cm area above knees, and sometimes entire legs feels painful, c pain in L lower abdomen and groin feeling numb. + LBP.Has come and gone over yrs, and lately doing better c massage therapy. Legs still fee; Woman with pain in B anterolateral thighs, in a ~5cm area above knees, and sometimes entire legs feels painful, c pain in L lower abdomen and groin feeling numb. + LBP.Has come and gone over yrs, and lately doing better c massage therapy. Legs still fee

Worsening headaches with associated dizziness, photophobia, phonophobia, and facial numbness.; 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.

"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.; 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.

"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 not a surgeon, pulmonologist, or cardiologist."; It is not known if there is radiologic evidence of mediastinal widening.; patient had a CT chest without contrast on 8/7/15 which showed : Stable in size and appearance ovoid bilobed pulmonary nodule in the right lower lobe posterolaterally measuring maximally 1.1 x 2.2 cm in the axial plane on thin slices obtained. This nodule; 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.

< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

< Enter answer here - or Type In Unknown If No Info Given. >; It is not known if there is 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/07/2015; There has been treatment or conservative therapy.; chest pain coughing headache shortness of breath; medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/23/2015; There has been treatment or conservative therapy.; chronic back pain; r/o aneurysm; anti inflammatory meds
; "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.; 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 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 being ordered for a metastatic disease.; There are 2 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.; CT CHEST-RIGHT UPPER LOBE LUNG NODULES WIT SMALL MASS ON CXR DONE 8/31/15. QUIT SMOKING 2010 AFTER 20 YRS. CT BRAIN-HYPONATREMIA, ALSO HAS FREQUENT SEVERE HEADACHES. HYPERTENTION; 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; It is not known if there has been any treatment or conservative therapy.; fatigue, malaise Nodule in chest Abdominal pain

1 year follow up for abnormal radiographic exam.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

1. Eye Melanoma  SHe has been getting eye radaition treatments. She needed CT of full body once a year and to have it done here. 2. Neuropathy  Location of numbness is bilateral lower leg. No aggravating factors. There are no relieving factors. Ad; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

10mm lung nodule found on xray incidentally in ER work up. No sob or chest pain. It is suggested he have CT chest for further evaluation by radiology.; "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.

40 cigarette per day.; 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. 6 ,mth 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.

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 suspected pulmonary Embolus.

A nodule was found in RLL on a previous CT done in January. Patient needs 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.

abdominal and back pain. Tenderness and guarding in the abdomen. Urinalysis showed blood in urine.; This study is being ordered for trauma or injury.; 08/20/2015; There has not been any treatment or conservative therapy.; Pt has right flank , chest wall and right hip pain, hematuria. ICD-9 E826.9

ABN chest x-ray, ABN 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.

ABNORMAL 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.

abnormal chest xray; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient quit smoking in the past 15 years.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.

abnormal finding on xray; pericard effusion; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.

answered "no" to the last question because the lung mass was found greater than 30 days ago- question says "within last 30 days."; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

antibiotic treatments multiple times last 6 mos. Cough sometimes produced yellow sputum, SOB.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Bilateral mass and lesions across chest and cough.; This study is being ordered for a neurological disorder.; Back pain - Feb, 2015, Chest - 7-17-15; There has been treatment or conservative therapy.; Neurological deficient on left leg, numbness, tingling, and foot drop.; Back - PT, insets, exercises

Chest CT abnormal results 5/11/2015 Mass found, 3 month f/u; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Chest xray done 07/21/15 showed spot on pts lung. CT is needed to evaluate further.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

chronic cough ongoing since 06/2015; 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.

Chronic Cough, Abnormal weight loss; 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.

Chronic 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.

copd , bronchitis, wheezing.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.
COPD; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

cough, 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 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.

CT chest done 2/4/15 - showed a new 1 cm noncalcified nodule. Provider requesting a 6 month follow up CT; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Enter answer here - or Type
abnormality found on chest x-ray. radiologist recommends ct of chest to clarify.;
"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.

Exam Accession Number Exam Date/Time Ordering Dr. CT Spine Lumbar Without Contrast CT150598957 08/04/2015 11:59 AM Nathan Turney, MD
Reason For Exam None Specified
Report Final
EXAM: CT SPINE LUMBAR WO CONTRAST
CLINICAL: Scia; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

FINDINGS: Frontal and lateral views reveals there is a faint radiodensity overlying the left mid lung at the six-seven rib interspace measuring 12 mm. There is a chronic elevation of the right diaphragm. The cardiomeastinal silhouette is normal. There; "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.

Follow up for lung nodule.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

follow up of metastatic 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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

follow up of pulmonary nodules.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above. Follow up to a Chest CTA that was done in 10/2014 for a 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.

has been reporting coughing up blood; A Chest/Thorax 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 of cancer in family-pain severe, chills; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Six months; There has been treatment or conservative therapy.; N & V , ABD Pain severe; LAB done- antibiotics

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.; Dr. Young wants to rule out sternum clavicle dislocation.; 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.

It is not known if there is radiologic evidence of non-resolving pneumonia.; The patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

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

It is not known if there is radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; abnormal chest xray, blebs in upper lobes of chest bilateral, r/o emphysema; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

It is not known if there is radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; non- productive cough 4 weeks. SOB. cough, tightness in chest. finished biaxin and levaquin with 3 shots. not better; "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.

known metastatic cancer, approx 5-6cm mass on left flank; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

last year CT showed nodule 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.
multiple nodules of lung. Abnormal CT abdomen; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non 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.; n.a; It is not known if there has been any treatment or conservative therapy.; n.a

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.

Need to rule out inflammatory disease; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

nodules seen on x-ray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

'None of the above' describes the reason for this request.; It is unknown what led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).

'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.

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; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

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.

None; This study is being ordered for trauma or injury.; 9/6/2015; There has been treatment or conservative therapy.; Chest pain, abd pain post trauma; Pt was in hospital after she fell off motor cycle going 55 miles per hours.

onset Scalp 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.; 08/10/15; There has not been any treatment or conservative therapy.; Scalp mass

ordering physician is a urology and we are doing a follow up for survanlence for cancer of the kidney.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 had an abnormal ultrasound. It showed infiltrative left scrotum. Possible lymphoma.; This study is being ordered for a metastatic disease.; There are 2 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 had an abnormal x-ray showing right lower lobe nodule and needs a CT; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Patient had CT abdomen 09/04/15 and it showed a pulmonary nodule in LLL and Radiologist recommends CT chest to asses the nondeterminate LLL 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 had Lung nodule noted incidentally in prior study done by Cardio. She is a current smoker.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Patient has a chronic cough for over 2 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.

Patient has a history of lung disease and abnormal findings on a radiological exam of the lung fields. Patient has new abnormal findings of the lung fields via chest x-ray from 7/22/15. Patient has elevated bilirubin levels and elevated liver enzymes on r; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/23/15; It is not known if there has been any treatment or conservative therapy.; Patient has a history of lung disease and pneumonia. Non specific abnormal findings on radiological lung fields. Patient has had abnormal liver functions studies and elevated bilirubin levels.

Patient has had persistent cough that is not relieved with antibiotics. she has sinus symptoms that are not relived with antibiotics or nasasl spray. she has a history of lymphoma, she has had a bone marrow transplant, and chemotherapy in the past. W; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 had recent unexplained weight loss with acute fatigue and LLQ abdominal pain symptoms. We are screening for possible cancer. Patient also is a chronic smoker with SOB symptoms, COPD and abnormal cxr which showed possible nodules or scarring in; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 having shortness of breath with inability to get air out.; 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.

patient was on vacation in PA in March 2015- when she became ill and was seen. She had chest pain and so they did a CT chest - which showed several pulmonary nodules. They recommended 6 month follow up, which is due in September.; A Chest/Thorax 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's had 2 abnormal chest xrays in May and July 2015. Patient is having continued chest pain and is complaining of some difficulties breathing.; A Chest/Thorax 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 history of carcinoid tumor of the colon.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 unable to have MRI studies due to hardware from previous back surgery; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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 smoker for 11years , has lower left lung nodule found on ct scan order scan for treatment; "There is NO evidence of a lung, mediastinal or chest mass 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 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.

RECENT EGD SHOWED NO PATHOLOGY IN ESOPHAGUS.; This study is being ordered for Inflammatory/ Infectious Disease.; UNKNOWN; There has been treatment or conservative therapy.; CHRONIC COUGH, WHEEZING, AND ABDOMINAL PAIN.; PT HAS HAD MULTIPLE ROUNDS OF ANTIBIOTICS AND ANTI- INFLAMMATORIES, INCLUDING PREDNISON.

repeat to make sure cancer has not spread; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

reports having unplanned weight loss, July 2013 weight 150, June 2014 weight 140 lb; March 2015 weight 130 lb; currently 130 lbs. He denies blood urine or stool. weight loss has stabilized since adhering to gluten free diet. ; Past history of smoking, ; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

SHORTNESS OF BREATH PULONARY ABDILMA; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

SPIRIVA WITH HANDINHALER ; Tiotropium; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/18/2014; There has been treatment or conservative therapy.; cough and shortness of breath ; Levaquin 500mg ; patient is diabetic ; heart disease and Ischemia ; Trying to R/O Cancer; medication ,cough medicine

The last chest CT was performed more than 6 months ago.; There is no radiologic evidence of non-resolving pneumonia.; The patient is NOT presenting new signs or symptoms.; "The caller doesn't know if the ordering physician is a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is 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.

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.; Pt c/o gas splashing him in face/eyes on April 10,2015 at E-Z Mart. Pt states he has not felt normal Pt reports having shortness of breath, dizziness, headache, and chest pain since this occurred. He reports having SOB, dizziness, HA, chest pain... See ; 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 patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is 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.; < Enter answer here - or Type In Unknown If No Info Given. >; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; 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 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.; Dependent atelectasis within each lower lobe.; "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 had lung cancer a part of lung was removed; "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 known COPD and chronic 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.; Pt has been complaining of cough. X-ray was done and is showing diffues nodulare intersitital lung diease plust left hilar and right holar prominence. CT is recommended.; "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.; showed acute Penuomonias dependent atelectasis with in each lower lobe; "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 not a known inflammatory disease.; There is not a known tumor.; ; "The ordering physician is NOT an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; 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.

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 is 1 year follow up to Chest CT; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.

This is for 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.

unexplained weight loss in current smoker - 16.6lbs in 7-9 months; SOB with chest pressure, abdominal pain with steady weight loss; 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.

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 NO evidence of a lung, mediastinal or chest mass 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.

weight loss since last visit and night sweats.; "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.

will fax; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/21/2015; There has been treatment or conservative therapy.; Chest Pain, Abdomen pain, Shortness of breath; X-ray, Meds, Labs,

x ray shows a mass in the right lung and recommends the ct scan; "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.

X-ray done on 3/2/15 showed a 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.

; 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.

The Pt had a venous ultrasound test done that showed subclavian steal syndrome.; 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.

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.

Enter answer here - or Type In Unknwn Patient complains of upper back pain. The discomfort is most prominent in the upper cervical spine. This radiates to the neck and shoulders. She characterizes it as constant, moderate in intensity, sharp, and throb; 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 already had a MRI C-Spine, and it recommended a CT C- Spine.; 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 NERVE CONDUCTION STUDY DONE BY DR. JAMES THOMAS. IT STATED THAT DR. THOMAS CANNOT COMPLETELY EXCLUDE A CERVICAL RADICULOPATHY BASED ON THIS EXAM, AND SUGGESTED PATIENT TO HAVE FURTHER STUDIES DONE SUCH AS CT SCAN OF CERVICAL SPINE; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.

Patient has complained of neck pain and tightness on and has tried strengthening exercises and anti-inflammatories and is still having problems and headaches happen.; 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 metastatic lung cancer, started having neck pain. very weak and can't travel very far to do MRI.; 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 had falling from ladder and hurt himself part of impact was neck. 7-24-15; 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.

Pt had ultrasound of neck and radiologist recommended patient have this test done.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.

stiffness and hurting; 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 trauma or acute injury within 72 hours.; 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 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 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 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 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 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 Asymmetric reflexes.

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.; 06/23/15; There has been treatment or conservative therapy.; pt had radiating neck and back pain that makes arms and legs go numb; anti-inflammatory meda and opioid pain meds; home exercise

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 abnormal gait.; 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 lower extremity motor weakness documented on physical exam.; There is a reason why the patient cannot have a Cervical Spine MRI.

Tingling and numbness from head and neck to leg. Right arm tingling extends from finger tips to elbow. Fingers 2-4. Numbness and tingling in ball of foot streaking upward when she bends her neck forward.; This study is being ordered for a neurological disorder.; august 2015; There has not been any treatment or conservative therapy.; Headaches with dizziness. Weakness. paresthesia

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 asymmetric reflexes.

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 study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study

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 Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is not experiencing or presenting abnormal gait, lower extremity weakness, asymmetric reflexes, recent fracture, or radiculopathy.; The patient is experiencing sensory abnormalities such as numbness or 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.; The initial onset of this was this morning 7/27/2015; It is not known if there has been any treatment or conservative therapy.; Pt is experiencing groin pain in right side along with nausea and vomiting.

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.; UNKNOWN

This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.

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.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/23/15; There has been treatment or conservative therapy.; pt had radiating neck and back pain that makes arms and legs go numb; anti-inflammatory meda and opioid pain meds; home exercise

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2005; There has been treatment or conservative therapy.; burning pain upper and lower back shoulder not over the head tinkling feet cramp; lots of medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/1/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; PT; Pain medication; anti-inflammatory

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/10/2015; There has been treatment or conservative therapy.; Possible MS; headaches; weakness in upper extremities; paresis; Tylenol

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.;

< Describe primary symptoms here - or Type In Unknown If No Info Given >;

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/30/2015; There has been treatment or conservative therapy.; Leg pain, tingling and numbness as well as neck pain. Hands and feet are numb; Patient had PT

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 08/01/2015; There has been treatment or conservative therapy.; pain LS & CS- with radiculopathy- paraesthesia, weakness; meds, PT

; 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.; diminished reflex's in nerves

; 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.

; 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.; ; The patient 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 neurological disorder.; ; There has been treatment or conservative therapy.; ;

; This study is being ordered for a neurological disorder.; 04/2015; There has been treatment or conservative therapy.; NECK AND LOW BACK pain radiates to the LEFT ARM AND LEG. The pain is described as ACHING, TINGLING, SHOOTING. The pain is better with REST. The pain is worse with PROLONGED SITTING.; Pt has been taking endomethacin and flexeril and doing exercises

; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; BILATERAL LE AND NECK PAIN RADIATES TO RIGHT SHOULDER.   NECK, UPPER MID AND LOWER BACK PAIN, AND BILATERAL LEG PAIN  Radiculopathy; medication and exercises

; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; numbness upper extremities, dizziness, cervical radiculopathy; Muscle relaxers and pain meds

; This study is being ordered for a neurological disorder.; 3 weeks ago; There has not been any treatment or conservative therapy.; numbness to 3/4/5th digits of right hand with radiation upward in his right arm. Blurred vision. Family history of MS
; This study is being ordered for a neurological disorder.; Enter date of initial onset 07/11/2015; There has been treatment or conservative therapy.; ;
; This study is being ordered for Inflammatory/ Infectious Disease.; 5/12/2015; 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.; 07/15/2015; It is not known if there has been any treatment or conservative therapy.; Neck Pain and Back Pain

Cervical- tight paracervical muscles The pain is sharp, radiating to her shoulder and upper back. There is also some numbness and tingling sensation that goes to her extremities.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings here for neck pain, getting worse this past few weeks. She noticed that she is getting a lot of muscle spasm and headache due to her neck pain. The pain is sharp; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

dddddddddd; This study is 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.; ddddddddddd7

decrease rom in her arms and legs with constant pain and numbness and back pain; This study is being ordered for trauma or injury.; pt's first visit here was on 2/14/14 and she had been c/o of this then and prior to that date. this has been going on for some time now with no relief to otc, prescribed pain meds as well as inflammatory meds and therapy; There has been treatment or conservative therapy.; pain in her neck with frequent h/s and numbness and tingling in her hands and arms as well as pain in her mid and lower back with pain in her legs along with numbness and tingling in her legs and bil feet; pt was ordered to do home therapy which consist of stretching and different forms of exercise to help relieve pain

Has had an aspen device placed. Sharp pain in upper back, worse when he stands up "locks up". Pain is worse with exertion and gets bilateral low leg 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.; lumbar,thoracic,cervical spine pain with numbness and tingling in his right arm; previous cervical fusion in 2009. Surgery in lower back in 2013.

Headache, occasionally gets more intense. right eye drooping for the last week weakness on right side of face as well still having some numbness and tingling in right arm and pain in lower cervical area. No relief with conservative therapy.; This study is being ordered for a neurological disorder.; headache. occasionally gets more intense noticed right eye drooping for last week weakness on right side of face as well still having some numbness and tingling in right arm and pain in lower cervical area.; There has been treatment or conservative therapy.; Facial weakness on R side. Headache. Neck Pain. Paresthesia of upper limb. Ptosis.; Pt been to chiropractor a few times and has had multiple treatments but has gotten worse pain. Pt has taken otc NSAIDs & muscle relaxers with no relief. Also has been seen by Physical Therapy for several weeks.

HEADACHES INCREASING IN SEVERITY, LEFT ARM WEAKNESS, RIGHT FACIAL NUMBNESS, CERVICAL 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; It is not known if there has been any treatment or conservative therapy.; HEADACHE, LEFT ARM WEAKNESS, RIGHT FACIAL NUMBNESS, CERVICAL PAIN

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>

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.; n/a

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>

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.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Pt is experiencing chronic back pain and cervical radiculopathy at C6. Pt had a nerve conduction study done which come back abnormal.

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.; <Enter Additional Clinical Information>

MDO wants to refer to Neurosurgeon after 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.; Neck Pain, R Shoulder pain and radiation and numbness, losing muscle mass. One arm bigger than the other. Patient dropping things or use R hand. Patient is right handed.; Orthopedist.

MR. AYERS is a 43 year old MALE with a primary incapacitating pain complaint of LBP, NECK PAIN, whose history of present illness and physical exam is consistent CERVICAL/LUMBAR RADIC, POST LAMINECTOMY SYNDROME.; This study is being ordered for a neurological disorder.; 5/12/2015; There has been treatment or conservative therapy.; Current pain level is 7. Average pain level in the last week was 8. Worst pain in the last week was 8. The note 75% pain relief with their current treatments and medications. The patient admits to the following adverse side-effects to their medications: N; exercises and medication

need new MRI thoracic and cervical for neurosurgeon to see her. She last had MRI's done in May of 2013. The symptoms have started again and needs evaluation.; This study is being ordered for a neurological disorder.; 05/03/2013; There has been treatment or conservative therapy.; Patient has neck/back pain with radiculopathy. she has history of chiari syndrome.; Patient has seen neurosurgeon but has to have new MRI's for him to see her.

none; This study is being ordered for a neurological disorder.; 3 years ago; There has not been any treatment or conservative therapy.; headaches and back pain

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.; 06/19/2015; There has been treatment or conservative therapy.; pain in right shoulder and in neck tingling in right arm and fingers muscle spasm; PT muscle relaxers and pain meds and steroids

none; This study is being ordered for trauma or injury.; 8/18/15; There has been treatment or conservative therapy.; pain, numbness in low back radiating down legs to feet and neck pain; physician supervised home exercise, meds,

Pain as characterized as severe, radiating, and has started a few weeks ago, has tried NSAID, muscle relaxers w/o relief has PT no improvement; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right upper extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Patient fell two weeks ago and has had constant pain in his shoulder and neck; This is a request for cervical spine MRI; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

Patient having ongoing back pain up upper and lower back, has had no relief from any medication, xrays are 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.; 10-13-14 was the initial complaint.; There has been treatment or conservative therapy.; continuous back pain, does report shooting pain in arm occasionally.; steroid and pain medications planning to refer to neuro surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; years ago; There has not been any treatment or conservative therapy.; pain in neck, right hip pain, hurts to flex or stand,

Pt is also having numbness and tingling as well as the pain and weakness.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient has tried heat, massage, home PT and stretching exercises as well as anti-inflammatory medication and prescription hydrocodone. Despite the above treatment measures, the patient still has a lot of pain. It is difficult for her to rest at night; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

PT with no relief. Loss of normal cervical lordosis, multiple levels of degenerative disc disease. No known 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.; 3/25/15; There has been treatment or conservative therapy.; pain in neck, knots in neck. Whole right side hurts. Knots in shoulder.; medications, physical therapy for 6 weeks

Saw Chiropractic on 9/28/15 difficulty swallowing; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/28/2015; There has not been any treatment or conservative therapy.; Facial numbness, headache, numbness and tingling down left arm

Since his low back pain is not continuing to improve she is occasionally having some radiating symptoms in her leg. We will go ahead with MRI of the lumbar spine just to make sure there is no evidence and L5 radicular component camouflage the as SI 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.; May 22, 2015; There has been treatment or conservative therapy.; low back pain, radiating down into her leg with some tingling and occasional popping in the low back by the SI joint, left sided shoulder pain, some numbness in the C8 distribution, when she tilts her head to the right it actually makes symptoms go down h; Patient did have Physical therapy for Low back pain but they were concerned that she could have Spondylolisthesis.

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; 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.; 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.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Xray showed compression C2, C3, C4

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 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; Neurological deficits; 3 wks of neck pain with brachial rediculopathy.; 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; 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; Neurological deficits; Provider is looking for nerve impingement.; 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; 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; Neurological deficits; this patient has neck pain with radiculopathy and rates her pain a 10/10; 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; &Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; None of the above; Pt with known Arnold Chiari Malformation with history of neck pain, pain in the back of the head that radiates toward the anterior part of the head, low back pain radiating to bilateral extremities coming for one year follow up. MRI on 8/14/14 shows No ev; 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.

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; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient

This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits

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.;

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.; Musculoskeletal:: Ambulation: ambulating normally. Joints, Bones, and Muscles: limited ROM (cervical spine). Gait and Station: normal station and gait

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 in motor vehicle accident 3 years ago, he hit a log truck. He has neck pain, and pain that radiates in his sternum

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; <Enter Additional Clinical Information>

This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past four (4) months the patient had six (6) weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise

This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.

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.

This is a request for cervical 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.; There is x-ray evidence of a recent cervical spine fracture.

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.

to r/o 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.; 4/3/2015; There has been treatment or conservative therapy.; numbness , weakness , swelling , tingling , tremors , severe headaches , blurry vision , hypo esthesia , in left c6 distribution; physical therapy , heat therapy , pain medications , anti inflammatory

unknown; This study is being ordered for trauma or injury.; 8/18/2015; There has been treatment or conservative therapy.; pain in the neck; home exercise medication

Woman with 3-4 year history of burning sensation in hands, arms, feet, and different random spots, which comes and goes. 1st started in hands, and EMG found mild R carpal tunnel only. Sx improved p changing work station, but returned ~1y later. Was just; This study is being ordered for Inflammatory/ Infectious Disease.; 3-4 YEARS AGO; There has not been any treatment or conservative therapy.; Woman with 3-4 year history of burning sensation in hands, arms, feet, and different random spots, which comes and goes. 1st started in hands, and EMG found mild R carpal tunnel only. Sx improved p changing work station, but returned ~1y later. Was just

Woman with pain in B anterolateral thighs, in a ~5cm area above knees, and sometimes entire legs feels painful, c pain in L lower abdomen and groin feeling numb. + LBP.Has come and gone over yrs, and lately doing better c massage therapy. Legs still fee; This study is being ordered for a neurological disorder.; YEARS AGO; There has been treatment or conservative therapy.; Woman with pain in B anterolateral thighs, in a ~5cm area above knees, and sometimes entire legs feels painful, c pain in L lower abdomen and groin feeling numb. + LBP.Has come and gone over yrs, and lately doing better c massage therapy. Legs still fee; Woman with pain in B anterolateral thighs, in a ~5cm area above knees, and sometimes entire legs feels painful, c pain in L lower abdomen and groin feeling numb. + LBP.Has come and gone over yrs, and lately doing better c massage therapy. Legs still fee

xrays came back abnormal so MDO wants to take a closer look; This study is 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 2 months ago; There has been treatment or conservative therapy.; numbness in both arms throughout the day but is worse at night, numbness in the lower back, radiating pain down the right leg. does have headaches but not sure if it has to do w/ the neck pain.; 2 months of chiropractic care and 2 months of PT

There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.";

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/2015; There has been treatment or conservative therapy.; Abnormal of gait.; Anti-inflammatory and PT.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 06/2014; There has been treatment or conservative therapy.; back pain; Medication , Physical Therapy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1.5 years ago; There has been treatment or conservative therapy.; Loss of feeling in lower extremity and weakness.; Pt was given steroid injections.

; This study is being ordered for a neurological disorder.; 05/12/2015; There has been treatment or conservative therapy.; Back pain; 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.; ;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/07/2015; There has been treatment or conservative therapy.; Pain , weakness , numbness ;; Medication, Cane
; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Client is diagnosed with lumbar radiculopathy, lumbago, and strain muscle and tendon of backwall of thorax.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient reports onset onset approximately 3-4 years ago with no specific trigger at the time. She presented to the emergency room approximately a month ago with an episode of back pain which was affecting her ability to take deep breaths. She reports cons; There has been treatment or conservative therapy.; Pain with breathing, constant pain throughout spine that "feels like being punched", limited range of motion throughout lumbar spine, pain in thoracic and lumbar spine.; Chiropractic Therapy a month ago that did not help.

decrease rom in her arms and legs with constant pain and numbness and back pain; This study is being ordered for trauma or injury.; pt's first visit here was on 2/14/14 and she had been c/o of this then and prior to that date. this has been going on for some time now with no relief to otc, prescribed pain meds as well as inflammatory meds and therapy; There has been treatment or conservative therapy.; pain in her neck with frequent h/s and numbness and tingling in her hands and arms as well as pain in her mid and lower back with pain in her legs along with numbness and tingling in her legs and bil feet; pt was ordered to do home therapy which consist of stretching and different forms of exercise to help relieve pain

Has had an aspen device placed. Sharp pain in upper back, worse when he stands up "locks up". Pain is worse with exertion and gets bilateral low leg 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.; lumbar, thoracic, cervical spine pain with numbness and tingling in his right arm; previous cervical fusion in 2009. Surgery in lower back in 2013.

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."; Patient had a MVA 3-4 months previous.  X-Rays on 7/28 revealed ABN T11-T12 Compression fracture of thoracic vertebra. MDO to assess bone marrow edema and hematoma and injury to the spinal cord. Start date of injury was 3/30/2015, physical exam finding

MRI ordered. Kenolog 80mg injection given today. She has failed a lot of NSAID's. Further diagnostic evaluations ordered today include(s) MRI L-SPINE W/O CONTRAST to be performed, MRI T-SPINE W/O CONTRAST to be performed and THORACIC SPINE to be performed; This study is being ordered for a neurological disorder.; Onset: 4 years ago; There has not been any treatment or conservative therapy.; 1. back pain  Onset: 4 years ago. The problem is worsening. Location of pain is upper back, middle back and lower back. Pain is radiated to the both hips. The patient describes the pain as discomforting. Symptoms are aggravated by sitting and standing. Th

need new MRI thoracic and cervical for neurosurgeon to see her. She last had MRI's done in May of 2013. The symptoms have started again and needs evaluation.; This study is being ordered for a neurological disorder.; 05/03/2013; There has been treatment or conservative therapy.; Patient has neck/back pain with radiculopathy. she has history of chiari syndrome.; Patient has seen neurosurgeon but has to have new MRI's for him to see her.

none; This study is being ordered for a neurological disorder.; 3 years ago; There has not been any treatment or conservative therapy.; headaches and back pain

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.; 06/19/2015; There has been treatment or conservative therapy.; pain in right shoulder and in neck tingling in right arm and fingers muscle spasm; PT muscle relaxers and pain meds and steroids

R/O Spinal hematoma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 3rd, 2015; It is not known if there has been any treatment or conservative therapy.; Patient had a Lumbar puncture last week and presented with numbness and radiating pain down both legs. Dizziness and weakness.

stiffness , back pain , limited 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.; 2/24/2014; There has been treatment or conservative therapy.; back pain; physical therapy

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 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 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 trauma or acute injury within 72 hours.; 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.; 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.; 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 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.; patient has pretty specific point tenderness. On the left thoracic spine. Region around T4 and T5. Has done exercises and medications, and has been having the pain since the middle of June. Xray done showing compression fractures on T6 T7 T8.

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; "The patient is not being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.; PT HAD CT SCAN OF T SPINE DONE, CAME BACK WITH MASS, RADIOLOGIST RECOMMENED A MRI TO GET A BETTER LOOK AT THE MASS THAT WAS FOUND DURING CT.

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 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.; Acute or Chronic back pain; The patient does not have 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.; Acute or Chronic back pain; The patient does not have 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 completed 6 weeks or more of Chiropractic care.; diclofenac 75mg

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.; 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 asymmetric reflexes.

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.; 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 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.; complains of back pain for 3 weeks No apparent injury. T-Spine xray was done and fx at T-11 was found with schmoral node present. Further evaluation is needed

This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; patient reports she has been having mid back pain radiating down the left leg for a year now she has performed physical therapy and negative xrays she has had steroid therapy

This is a request for a thoracic spine MRI.; This study is being ordered for 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.; 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 thoracic spine MRI.; This study is being ordered for None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

This study is being ordered for a neurological disorder.; 02/15/2014; There has been treatment or conservative therapy.; Upper Back Pain  Left-sided low back pain with left-sided sciatica  starts in her back and radiates into her shoulder and makes it numb and tingling, reports at times it goes into her low back, reports she does not know how to make things better, this i; Physical Therapy Nsaids

< 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.; pt cant walk, cant lift 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.

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in 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.

< 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.; 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.

< 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

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/2015; There has been treatment or conservative therapy.; Abnormal of gait.; Anti-inflammatory and PT.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/1/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; PT; Pain medication; anti-inflammatory

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; lumbar spine 08/2011 knee 4/2012; There has been treatment or conservative therapy.; pain in knees aching and sharp,decreased mobility, irritated by bending ,walking,and standing ,joint tenderness,limping and popping . The Lumbar Spine: aggravated by everything , decreased mobility in back , limping and spasms in back , moderate and wors; physical therapy and inseds

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 17mos; There has been treatment or conservative therapy.; pain, swelling, weakness in lower extremities, headaches w/numbness; meds, pt

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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; medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/30/2015; There has been treatment or conservative therapy.; Leg pain, tingling and numbness as well as neck pain. Hands and feet are numb; Patient had PT

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 06/2014; There has been treatment or conservative therapy.; back pain; Medication , Physical Therapy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 08/01/2015; There has been treatment or conservative therapy.; pain LS & CS- with radiculopathy- paraesthesia, weakness; meds, PT

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1.5 years ago; There has been treatment or conservative therapy.; Loss of feeling in lower extremity and weakness.; Pt was given steroid injections.

; 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.

; The study 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.; 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.

; 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 a neurological disorder.; 04/2015; There has been treatment or conservative therapy.; NECK AND LOW BACK pain radiates to the LEFT ARM AND LEG. The pain is described as ACHING, TINGLING, SHOOTING. The pain is better with REST. The pain is worse with PROLONGED SITTING.; Pt has been taking endomethacin and flexeril and doing exercises

; This study is being ordered for a neurological disorder.; 05/12/2015; There has been treatment or conservative therapy.; Back pain; Physical therapy

; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; BILATERAL LE AND NECK PAIN RADIATES TO RIGHT SHOULDER.   NECK, UPPER MID AND LOWER BACK PAIN, AND BILATERAL LEG PAIN  Radiculopathy; medication and exercises

; This study is being ordered for a neurological disorder.; Enter date of initial onset 07112015; There has been treatment or conservative therapy.;;

; This study is being ordered for Inflammatory/ Infectious Disease.; 5/12/2015; 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.;;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/07/2015; There has been treatment or conservative therapy.; Pain , weakness , numbness ,; Medication, Cane

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/15/2015; It is not known if there has been any treatment or conservative therapy.; Neck Pain and Back Pain

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

back pain x 2 months radiating down R leg.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above Bilateral mass and lesions across chest and cough.; This study is being ordered for a neurological disorder.; Back pain - Feb, 2015, Chest - 7-17-15; There has been treatment or conservative therapy.; Neurological deficient on left leg, numbness, tingling, and foot drop.; Back - PT, insets, exercises

Chronic Low Back Pain and Sciatica; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Client is diagnosed with lumbar radiculopathy, lumbago, and strain muscle and tendon of backwall of thorax.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient reports onset onset approximately 3-4 years ago with no specific trigger at the time. She presented to the emergency room approximately a month ago with an episode of back pain which was affecting her ability to take deep breaths. She reports cons; There has been treatment or conservative therapy.; Pain with breathing, constant pain throughout spine that "feels like being punched", limited range of motion throughout lumbar spine, pain in thoracic and lumbar spine.; Chiropractic Therapy a month ago that did not help.

decrease rom in her arms and legs with constant pain and numbness and back pain; This study is being ordered for trauma or injury.; pt's first visit here was on 2/14/14 and she had been c/o of this then and prior to that date. this has been going on for some time now with no relief to otc, prescribed pain meds as well as inflammatory meds and therapy; There has been treatment or conservative therapy.; pain in her neck with frequent h/s and numbness and tingling in her hands and arms as well as pain in her mid and lower back with pain in her legs along with numbness and tingling in her legs and bil feet; pt was ordered to do home therapy which consist of stretching and different forms of exercise to help relieve pain

Has had an aspen device placed. Sharp pain in upper back, worse when he stands up "locks up". Pain is worse with exertion and gets bilateral low leg 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.; lumbar, thoracic, cervical spine pain with numbness and tingling in his right arm; previous cervical fusion in 2009. Surgery in lower back in 2013.

HX of back surgery, pain w/ radiculopathy; Urinary incontinence.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.

MR. AYERS is a 43 year old MALE with a primary incapacitating pain complaint of LBP, NECK PAIN, whose history of present illness and physical exam is consistent CERVICAL/LUMBAR RADIC, POST LAMINECTOMY SYNDROME.; This study is being ordered for a neurological disorder.; 5/12/2015; There has been treatment or conservative therapy.; Current pain level is 7. Average pain level in the last week was 8. Worst pain in the last week was 8. The note 75% pain relief with their current treatments and medications. The patient admits to the following adverse side-effects to their medications: N; exercises and medication

mri for back so they can send for esi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; back pain- 6/30/2013; shoulder - 1 month ago 6/2015; There has been treatment or conservative therapy.; radiculopathy, tenderness, abnormal mobility, cross straight leg raising positive. Paraspinas muscle spasms, tenderness over lumbar vertebra. decreased ROM of L shoulder; anti inflammatory and steroids and rest

MRI ordered. Kenolog 80mg injection given today. She has failed a lot of NSAID's; Further diagnostic evaluations ordered today include(s) MRI L-SPINE W/O CONTRAST to be performed, MRI T-SPINE W/O CONTRAST to be performed and THORACIC SPINE to be perfo; This study is being ordered for a neurological disorder.; Onset: 4 years ago; There has not been any treatment or conservative therapy.; 1. back pain; Onset: 4 years ago. The problem is worsening. Location of pain is upper back, middle back and lower back. Pain is radiated to the both hips. The patient describes the pain as discomforting. Symptoms are aggravated by sitting and standing. Th

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

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.; right lower ext weak; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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 not seen the doctor more than once for these symptoms.

none; The study requested is a Lumbar Spine MRI.; Known Tumor with or without metastasis; The patient does not have 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.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; There has been treatment or conservative therapy.; cronic back and neck pn, neuropathy, right leg weakness; pn meds

none; This study is being ordered for trauma or injury.; 8/18/15; There has been treatment or conservative therapy.; pain, numbness in low back radiating done legs to feet and neck pain; physician supervised home exercise, meds,

numbness and tingling in right toe, tingling down both legs; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; mostly right leg 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.

numbness, pain that radiates; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right side 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.

pain all the way down the right 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

Patient complains of low back pain. The location is primarily in the lumbar spine. He characterizes it as intermittent, moderate in intensity, sharp, and aching. This is a chronic problem, with essentially constant pain. He states that the current epi; 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 complains of low back pain. The location is primarily in the lumbar spine. He characterizes it as intermittent, moderate in intensity, sharp, and aching. This is a chronic problem, with essentially constant pain. He states that the current epi; The patient does not have new signs or symptoms of 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 a cyst and tumors on his back; This study is being ordered for trauma or injury.; Several years; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Patient has a history of low back pain onset 12 yrs ago. States that she has weakness with radiation into hips and upper thighs. Patient has been given conservative therapy for 4 weeks has been doing this for 3 now and also has a EMG NCV ordered.; 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 failed physical therapy for 4 weeks with no improvement, and has failed on medications; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; cannot stand or sit for very long periods of time; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

PATIENT HAS HAD A HISTORY OF HERNIATED DISCS. PATIENT COMPLAINS OF INCREASED AMOUNT OF PAIN IN LUMBAR REGION. DR. SCOTT HAS PERFORMED AN XRAY AND AFTER VIEWING THE XRAY WANTS A MRI TO DETERMINE IF PATIENT HAS A HERNIATED DISC.; 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 back surgery/ still having problems with back; 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 limited ambulation due to 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 involved in an MVA x 6 months. Patient is suffering from back pain from this incident.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

planning to refer to neuro surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; years ago; There has not been any treatment or conservative therapy.; pain in neck, right hip pain, hurts to flex or stand,

previous xray noted scoliosis; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Pt had a ABN MRI 5 year ago that indicated a bulging disc.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Pt had back surgery May 2015, fusion at 3 levels of lower spine. Pt completed 8 wks of PT within the last three months. Pt had a steroid injection on 9/14/15.; 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 had all conservative treatment. No relief. Pt has gait problem.; The study 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 has increased pain with radiculopathy / having numbness in the right lower extremities; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has findings consistent with L5 radiculopathy BILAT/ muscle membrane instability in the BILAT lower extremities consistent with lumbar nerve route pathology/ Per EMG studies; The patient does not have new signs or symptoms of 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 has tried & failed medication & Physical therapy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has 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.

PT IS SUFFERING NEUROLOGICAL DEFICITS.; 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 Spinal hematoma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 3rd, 2015; It is not known if there has been any treatment or conservative therapy.; Patient had a Lumbar puncture last week and presented with numbness and radiating pain down both legs. Dizziness and weakness.

Radiology report suggested lumbar spine mri; 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 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.

Since his low back pain is not continuing to improve she is occasionally having some radiating symptoms in her leg. We will go ahead with MRI of the lumbar spine just to make sure there is no evidence and L5 radicular component camouflage the as SI 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.; May 22, 2015; There has been treatment or conservative therapy.; low back pain, radiating down into her leg with some tingling and occasional popping in the low back by the SI joint, left sided shoulder pain, some numbness in the C8 distribution, when she tilts her head to the right it actually makes symptoms go down h; Patient did have Physical therapy for Low back pain but they were concerned that she could have Spondylolisthesis.

stiffness , back pain , limited 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.; 2/24/2014; There has been treatment or conservative therapy.; back pain; physical therapy

The patient is constantly complaining of 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.; 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.; 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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.

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.; 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.; 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 not have 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 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 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.; 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.

This study is being ordered for a neurological disorder.; 02/15/2014; There has been treatment or conservative therapy.; Upper Back Pain  Left-sided low back pain with left-sided sciatica  starts in her back and radiates into her shoulder and makes it numb and tingling, reports at times it goes into her low back, reports she does not know how to make things better, this i; Physical Therapy Nsaids

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; 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.; unknown; There has not been any treatment or conservative therapy.; tremors, altered mental status, passing out

unknown; This study is being ordered for trauma or injury.; 8/18/2015; There has been treatment or conservative therapy.; pain in the neck; home exercise medication
Upper back pain radiating out to the shoulder. Pt was given injections and medication for pain with no relief. Pt has limited range of motion on exam.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

weakness in her lower back and 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.; Patient has been seen several times with the weakness and loss of sensation in her legs and she is walking with a walk.; It is not known if there has been any treatment or conservative therapy.; Patient has lower back pain and weakness in bilateral legs. Her legs gives away on her and she feels unsafe and needs further evaluation.

xrays came back abnormal so MDO wants to take a closer look; This study is 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 2 months ago; There has been treatment or conservative therapy.; numbness in both arms throughout the day but is worse at night, numbness in the lower back, radiating pain down the right leg. does have headaches but not sure if it has to do w/ the neck pain.; 2 months of chiropractic care and 2 months of PT

- This study is being requested for abdominal and/or pelvic pain.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

< Enter answer here - or Type In Unknown If No Info Given. >; 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.

< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered due to known or suspected infection.; "The ordering physician is 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2/2015 for sinuses congestion; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.
; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

7/8/2015 11:34 AM; Component Results; Component Value Ref Range & Units Status; LIPASE 67 (H) 13-60 U/L Final; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.

Abnormal CT of Abdomen 7/29/15 recommended to follow up with CT Of Pelvis; CT of pelvis recommended for abnormal left pelvis process is otherwise suspected clinically.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

MRI lumbar spine report indicated marrow edema in the left sacral ala which may be due to a left sacral insufficiency fracture. Previously treated with Physical Therapy which didn't help. Previously treated with Corticosteroid Injections which helped. Pat; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

none; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.

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.; UNKNOWN

Patient c/o abdominal and pelvic pain. History of ventral hernia repair, and diverticulitis.; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.

Patient has ongoing pain and tenderness in a localized area that is worsening at this time with neurological deficits. He has abnormal cbc, yet no blood in stool or GI symptoms. Pt is a known heavy smoker at 52 yrs age. This case is suspicious for infecti; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.

pelvic trauma frequent falls cause she has parkinsons disease; 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.

rebound and tenderness; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.

Records from ER - no PE or DVT per CT angiogram and leg doppler u/s. Will get a pelvic CT to work up right leg; 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.; It is not known if there documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor. The current episode started 1 to 4 weeks ago. The problem occurs intermittently. The pain is located in the LLQ. The quality of the pain is sharp. Pertinent negatives include no constipation, diarrhea, dysuria, fever, nausea or vomiting.  States abdomina; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

Ulcer through scrum; 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 some other reason than the choices given.; This is a request for a Pelvis CT.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect ; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

delayed puberty. Could not located uterus on ultrasound. Need MRI to confirm.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

had ct that showed possible cancer of the pancreas; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.

patient had ct scan that showed her right ovary to measure 5 cm by 2.3 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 not a hematologist/ oncologist.

patient has back pain & need mri to review back; 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 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?

ultrasound showed enlargement of left ovary with both anechoic cyst and complex cysts versus solid lesion, recommend dedicated MRI of pelvis; 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.

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.; 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 not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.

Yes, this is a request for CT Angiography of the upper extremity.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

A tree fell on him at work in the log woods x 8 days ago.; This study is being ordered for trauma or injury.; 7/15/15; There has been treatment or conservative therapy.; Pain, decreased ROM; PO pain medication, ice, rest, ROM

shoulder pain; This study is being ordered for trauma or injury.; 5-12-15; There has been treatment or conservative therapy.; shoulder pain; chiropractor

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.

< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has 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.; MORE PAIN,  9 MONTHS; ALIVE  BIOFREEZE  ASPRIN  MOLTRIN; The patient received medication other than joint injections(s) or oral analgesics.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

. she still complains of Left shoulder pain, sharp in character. she could not moved it at a certain position or could not raise or move at a certain level. She feels her shoulder will slipped after few hours of working. She had physical therapy with Lane; 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 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 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.

A tree fell on him at work in the log woods x 8 days ago.; This study is being ordered for trauma or injury.; 7/15/15; There has been treatment or conservative therapy.; Pain, decreased ROM; PO pain medication, ice, rest, ROM

Looking to confirm rupture of left Bicep tendon.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.

mri for back so they can send for esi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; back pain- 6/30/2013; shoulder - 1 month ago 6/2015; There has been treatment or conservative therapy.; radiculopathy, tenderness, abnormal mobility, cross straight leg raising positive. Paraspinal muscle spasms, tenderness over lumbar vertebra. decreased ROM of L shoulder; anti inflammatory and steroids and rest
pain radiates to arm; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Patient has had 5 weeks of conservative treatment including medication and physical therapy. Is unable to tolerate physical therapy and no improvement of symptoms. Needs MRI for further evaluation.; 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.

Patient has persistent rotator cuff signs without improvement.; This study is being ordered for a neurological disorder.; 03/04/2015; There has been treatment or conservative therapy.; Pain, Tenderness, Weakness, Painful range of motion; Medications; Injections; Home Physical Therapy

PATIENT IS NEEDING AN MRI TO SEE IF SHE POSSIBLY HAS ROTATOR CUFF 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.; 7-1-15; There has been treatment or conservative therapy.; PAIN WITH ROM. UNABLE TO LIFT ARMS ABOVE HEAD. SHE HAS LIMITATIONS WITH MOTION; PHYSICAL THERAPY; NSAIDS; HOME EXERCISES AND STRETCHES

pt awakens with pain at night; This study is 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 Shoulder pain bilateral , unable arms to lift above head, LROM; medication and home exercises

Pt has a history of an overlying melanoma, the pain is where the carcinomas was.; 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.

Pt has failed 4 weeks of conservative treatment, including Nsaids, Naproxen, CSI, rest, HEP, formal PT. Symptoms are not relieving, but worsening. positive Neers and Hawkins tests, reduced ROM and strength. MRI to evaluate for suspected 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.

shoulder pain; This study is being ordered for trauma or injury.; 5-12-15; There has been treatment or conservative therapy.; shoulder pain; chiropractor

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 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."; < Enter answer here - or Type In Unknown If No Info Given. >

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."; continue left 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."; Developed Pain with Decreased Range of Motion(ROM) and Strength Along Subscapularis. Suspect Rotator Cuff Tear. Has not Improved in 3 Months.

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."; has been on medications that are not helping

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."; in pinment, failed out patient therapy

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."; Injured while tubing 2 weeks ago. Pain is progressing, cannot lift arm

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 , from shoulder to hand , tingling , stiffness , 3 weeks , pain with 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."; Patient fell from hammock at home two months ago. Xrays taken and show mild arthritic changes, patient still having 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."; patient has had pain for 2 weeks. Hurt himself holding on to a lawn mower.

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 was in a MVA 2 years ago and has had trouble with his right shoulder since then. Patient has decreased ROM and is unable to lift his right arm above shoulder level.

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."; Please transfer clinicals from previous case # tracking number is 055453677!

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt has been having shoulder pain for 4 months , no known injury, pain is severe and constant. she has injection in shldr about 2 months ago that did help some but pain is back and constant. pain radiates down arm and has tingling. she has been to physical

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; right shoulder impingement.

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, weakness, decrease 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."; Shoulder injury 09/09/15

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.; It is not known if the patient has completed and failed a course of conservative treatment.; abn xray

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.; RIGHT SHOULDER PAIN LASTING OVER A MONTH

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. POSITIVE EMPTY CAN AND NEERS TEST. PAIN AT LATERAL SHOULDER ESPECIALLY WHEN RAISING ARM OVERHEAD. DECREASED ROM. HAD XRAY THAT WAS NORMAL.

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.

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.; 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.; 2 weeks ago was seen and was given Celestone injection, Medrol prescription dose pack, tizanidine 14 day prescription,  Pt. is still having 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.; Failed steroid/ failed steroid injections/ shoulder 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 an injury to his left shoulder 3 months ago. Patient fell off of tractor at home.

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 greater than one month. Has been taking OTC meds for pain and has done home therapy with no success.

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 pain. Taking Hydrocodone not touching the pain. Unable to sleep at night. Has had xray-Dr requesting MRI be done next.

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 reported to the clinic on 5-29-15. During this visit, he stated that he sustained an injury to his shoulder but thought it would get better on its own. He reported to the clinic on 7-21-15 and was still in pain.

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 had recent plain films of the shoulder.; The results of the plain films is not known.; 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 not had recent plain films of the shoulder.;

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.; Member was picking up wood and heard an pop in his shoulder and has had numbness down arm since that event two days ago. He is in extreme pain. Looking to rule out torn rotator cuff. Would of done x-ray yesterday but office X-ray machine is down.

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; This study is being ordered prior to arthroscopic surgery.; < Enter answer here - or Type In Unknown If No Info Given. >

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 CONTINUED PAIN WITH HIS LEFT SHOULDER. PATIENT HAS TRIED CONSERVATIVE TREATMENT. PATIENT HAS PAIN WITH ROM. PATIENT HAS TRIED PT, AND STERIOD INJECTIONS, ALONG WITH NSAIDS.

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.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; CT shows there is a calcific density within the tendinous insertion of the subscapular tendon. This may be secondary to prior trauma. Right apical emphysematous changes noted. Further evaluation with MRI of shoulder can be performed if clinically indica; The patient had a recent CT of the shoulder.; The shoulder CT was abnormal

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 plain films were normal.; There are documented physical or laboratory findings of a joint infection.; 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.; 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?

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 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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ROM, moderate pain, followed up with no improvement; The patient received medication other than joint injections(s) or oral analgesics.; meloxicam, Mobic, steroid injection, pain meds hydrocodone

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.

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 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 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 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 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 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 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 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.

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.

Seizures and R foot pain with an abnormal x-ray; This study is being ordered for a neurological disorder.; 06/24/2015; There has been treatment or conservative therapy.; Pt is experiencing seizures.; Pt is also having pain in R foot with an abnormal x-ray; Pt has been started on two oral medications for the seizures, and has now experienced another seizure.; Pt has been on anti-inflammatories and exercises for the foot pain. X-ray in our office shows an abnormality which may or may not be congenital

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 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 a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.

This is a request for a foot CT.; The patient has used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient 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.

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 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 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 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 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.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.

Yes, this is a request for CT Angiography of the lower extremity.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if the study is requested for knee pain; The study is not requested for any of the standard indications for Knee MRI

< Enter answer here - or Type In Unknown If No Info Given. >; 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; January 20, 2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; EEG, referral to neurology.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; lumbar spine 08/2011 knee 4/2012; There has been treatment or conservative therapy.; pain in knees aching and sharp,decreased mobility, irritated by bending ,walking,and standing ,joint tenderness,limping and popping . The Lumbar Spine: aggravated by everything , decreased mobility in back , limping and spasms in back , moderate and wors; physical therapy and inseds

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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; medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 weeks; There has been treatment or conservative therapy.; Pain; Anti inflammatory over the counter, boot, and venous Doppler was performed

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; no date; There has been treatment or conservative therapy.; pain numbness and weakness; steroid and pain medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 3 months; There has been treatment or conservative therapy.; pain and ulcer; medications, wound care, daily cleanings, surgery,

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 03/2015; There has been treatment or conservative therapy.; chronic pain.; medication and 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.

; 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

; This is a request for a Knee MRI.; Suspected Aseptic Necrosis; Yes, the patient had recent plain films or bone scan of the knee.; Yes, the plain films/scans are normal.; No, the ordering physician is not an orthopedist or a pediatrician.

; 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.

; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Knee continues to swell and ce painful.; 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 directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6mos ago; There has not been any treatment or conservative therapy.; knee pain , instability

; This study is being ordered for trauma or injury.; 9-12-15; There has been treatment or conservative therapy.; Pain,difficulty walking,numbness,giving way; Rest,Ice,anti-inflammatories. Pain meds.

abnormal knee xray; 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. diabetic foot ulcer.; 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.

evaluate for 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.; 08/16/2015; There has been treatment or conservative therapy.; flank pain-hematuria; antibiotics

knee- r/o meniscus tear; ABD r/o kidney stones or tumor; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; abdomen/pelvis CT 8/3/15; knee 5/30/15; There has been treatment or conservative therapy.; knee - pain, swelling, tenderness with ROM; ABD - gross hematuria; physical therapy

Knees: Inspection Right: no swelling and genu valgum deformity. Inspection Left: swelling and genu valgum deformity. Bony Palpation Right: tenderness of the superior pole patella, the lateral joint line, and the medial joint line and no tenderness of the ; This study is being ordered for trauma or injury.; 08/18/15; There has not been any treatment or conservative therapy.; Knees: Inspection Right: no swelling and genu valgum deformity. Inspection Left: swelling and genu valgum deformity. Bony Palpation Right: tenderness of the superior pole patella, the lateral joint line, and the medial joint line and no tenderness of the

labs show a high level of Rheumatoid arthritis; This study is being ordered for a neurological disorder.; 6 MONTHS AGO; There has been treatment or conservative therapy.; swelling in both knees ; decreased range of motion ; 10 out of 10 for pain ; sharp shooting pain ; unable to walk without a cane or the help from someone; 7 WEEKS PHYSICAL THERAPY AND BEEN ON ANTI INFLAMMATORY MEDIATION , ALSO ON PAIN MEDICATION FOR MORE THAN SIX MONTHS

LEFT KNEE PAIN FOR 7 DAYS WITH NO RELIEF; 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.

Meniscal transplant and acl, extremity weakness and numbness. Joint 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.; 5-1-15; There has been treatment or conservative therapy.; continuing pain and loss of function. Previous surgery on knee for meniscal tear. Numbness over lateral calf and extending down into lateral foot including lateral 2 toes on right. Pain in lateral ankle; Home exercises continuing what physical therapy recommended once completed. Over the counter NSAIDS and steroid injection. Mr. GENTZ presents with ankle pain. It is primarily in the right ankle. Swelling is absent. It does not radiate. He characterizes it as intermittent, mild in severity, dull, and aching. It began 1 month ago. The precipitating event appears to have b; 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.

MRI R knee w/o contrast. onset 2 days ago. pain with pop. pt states when putting pressure/weight bearing falls to the floor and tingling in toes. Pt complains of right knee pain secondary to medial meniscal tear and possible loose body. Previous injury 15; 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.

n/a; This is a request for a Knee MRI.; The study is not requested for knee pain.; The study is for Aseptic Necrosis; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks. No fracture has been identified as the cause of continued pain. Pt has had no relief despite conservative 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.

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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; a year ago; There has been treatment or conservative therapy.; knee and back pain, bilateral back pain that radiates into legs, and gets worse with activity; PT

Onset: 1 month ago. Location: left (leg). The pain is aching. The pain is aggravated by movement, walking and standing. Associated symptoms include decreased mobility, limping, nocturnal pain and tingling in the legs. Additional information: He has a; 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.

Patient fell approximately 6 weeks ago and injured knee. Has treated conservatively. Negative Xray; 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 has had left knee pain for several years. He has knee pain every day that doesn't go away with pain medications. We are going to send him to an orthopedic physician as soon as we get MRI to have him evaluated.; 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.

Patient has undergone 6 weeks physical therapy and treatment with NSAIDS and ice and heat with no improvement.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.

Pre op evaluation.; 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.

Previous MRI revealed mass. need contrasting view.; This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had recent plain films of the knee.; There are no physical findings (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

Pt is allergic to NSAIDs. He has taken steroids and pain pills.; 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.; Yes, the member experience a painful popping, snapping, or giving away of the knee.
recent mva; locking was noted on pe; 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.

Severe L knee pain, very limited ROM, using crutch to get around, went to urgent care 09.03.15  x-rays done no findings. Worsing pain went to ER on 09.04.15 had CT done-small effusion NO fractures recommended MRI for further evaluation.; 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.

The patient had a twisting injury and has had pain in his knee for 6 months. His knee swells on and off daily with use. He reports the use of OTC NSAIDS with no relief.; 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 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 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 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 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 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 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 Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; The ordering doctor is NOT an orthopedic specialist; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination

This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging

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.; Mass felt upon examination accompanied with pain.; 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 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.; Musculoskeletal exam: Range of motion: pain with right knee flexion and extension; Crepitus, Tenderness, Effusion: effusion noted in the right posterior knee, mildly tender, without erythema or warmth.; 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; 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; 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; 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; 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; 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 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; 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.; It is not known if 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 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; 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.; 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; 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 not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.

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 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.; Physical Therapy

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.; 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.; Immobilization; 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.; Immobilization; 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.; 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; 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 exercise program; 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; 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 plain films were not normal.; none; Known or Suspected Joint Infection

This is a request for a Knee MRI.; The plain films were not normal.; PT has knee swelling.; Known or Suspected Joint Infection

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 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.; 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 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 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 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 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 had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.

This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.

unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has 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 for 6 weeks; daily use of prescribed anti inflammatories; anti inflammatories; The patient received medication other than joint injections(s) or oral analgesics.

Unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

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.; right knee pain and c/o popping when she bends it, increased neck pain , headaches are increasing to a daily event

Unknown; This study is being ordered for trauma or injury.; 7/1/2015; There has been treatment or conservative therapy.; knee pain; medication

WILL FAX NOTES; 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.; There is no conservative treatment of Physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.

; This study is being ordered for trauma or injury.; 9-12-15; There has been treatment or conservative therapy.; Pain,difficulty walking,numbness,giving way; Rest,Ice,anti-inflammatory. Pain meds.

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.; This study is being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).

This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).; 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 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 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.

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 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 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 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.

weakness in her lower back and 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.;; Patient has been seen several times with the weakness and loss of sensation in her legs and she is walking with a walk.; It is not known if there has been any treatment or conservative therapy.;; Patient has lower back pain and weakness in bilateral legs. Her legs gives away on her and she feels unsafe and needs further evaluation.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/23/2015; There has been treatment or conservative therapy.; chronic back pain; r/o aneurysm; anti inflammatory meds

; 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

5/19- pt has lower quadrant pain to back, diharrea, nausea and has not released; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.; It is not known whether the hematuria is newly diagnosed or known previous history.; There are NO new signs or symptoms.

Abd pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis
ABNORMAL ULTRASOUND...LESION FOUND LIVER LOBE; 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.

Change in stool Diarrhea; 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

Dysphagia; 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

Follow up; 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

Having right upper quadrant tenderness, has already done ultrasound; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

hematochezia nausea and vomiting w/ blood; 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

HX of cancer in family-pain severe, chills; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Six months; There has been treatment or conservative therapy.; N & V , ABD Pain severe; LAB done- antibiotics

no info given .; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

NO; 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

none; 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

none; 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.

None; This study is being ordered for trauma or injury.; 9/6/2015; There has been treatment or conservative therapy.; Chest pain, abd pain post trauma; Pt was in hospital after she fell off motor cycle going 55 miles per hours.

Patient had an abnormal ultrasound. It showed infiltrative left scrotum. Possible lymphoma.; This study is being ordered for a metastatic disease.; There are 2 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 a history of lung disease and abnormal findings on a radiological exam of the lung fields. Patient has new abnormal findings of the lung fields via chest x-ray from 7/22/15. Patient has elevated bilirubin levels and elevated liver enzymes on r; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/23/15; It is not known if there has been any treatment or conservative therapy.; Patient has a history of lung disease and pneumonia. Non specific abnormal findings on radiological lung fields. Patient has had abnormal liver functions studies and elevated bilirubin levels.

Patient has umbilical hernia.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

Pt has persistent extremely low testosterone, despite treatment, concerned for possible adrenal mass.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

pt unable to have MRI studies due to hardware from previous back surgery; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

RECENT EGD SHOWED NO PATHOLOGY IN ESOPHAGUS.; This study is being ordered for Inflammatory/ Infectious Disease.; UNKNOWN; There has been treatment or conservative therapy.; CHRONIC COUGH, WHEEZING, AND ABDOMINAL PAIN.; PT HAS HAD MULTIPLE ROUNDS OF ANTIBIOTICS AND ANTI- INFLAMMATORIES, INCLUDING PREDNISONE.

RUQ tenderness and stabbing pain to site of previous surgery.; 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

Suspicion of a Hernia, she thinks she pulled her stomach by lifting heavy water bottle.; 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.

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 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.

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; It is not known if this is a request for follow up to a known tumor or abdominal cancer.

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 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.; 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.

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 a suspicion of an adrenal mass.

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.

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,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Diabetic patient with gastroparesis.

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month

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 an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.

unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

This is a request for CT Angiography of the Abdomen and Pelvis.

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.; n.a; It is not known if there has been any treatment or conservative therapy.; n.a

Yes, this is a request for CT Angiography of the abdomen.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.

; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.

; 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.

; 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.

; 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.; This study is being 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 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.; ;

; This study is 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 of this was this morning 7/27/2015; It is not known if there has been any treatment or conservative therapy.; Pt is experiencing groin pain in right side along with nausea and vomiting.

; This study is 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.; fatigue, malaise Nodule in chest Abdominal pain

1. Eye Melanoma  SHe has been getting eye radaition treatments. She needed CT of full body once a year and to have it done here. 2. Neuropathy  Location of numbness is bilateral lower leg. No aggravating factors. There are no relieving factors. Ad; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

5.6 x 4.7 cm mass in the right adnexal region demonstrates partial calcification. this could represent a calcified leiomyona however an ovarian mass cannot be excluded. Ct of the abdomen and pelvis is recommended 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 acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.

abdominal and back pain. Tenderness and guarding in the abdomen. Urinalysis showed blood in urine.; This study is being ordered for trauma or injury.; 08/20/2015; There has not been any treatment or conservative therapy.; Pt has right flank , chest wall and right hip pain, hematuria. ICD-9 E826.9

Abdominal pain, vomiting, diarrhea.; This is a 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.

abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

Assess chronic abdominal pain along with nausea and diarrhea; This is a 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.

elevated wbc; This is a 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.

fever for 3 days, increasing flank pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.

follow up of metastatic 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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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 female.; A pelvic exam was NOT performed.

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 female.; A pelvic exam was performed.; The results of the exam were abnormal.

hx of 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.; A rectal exam was not performed.

indication of kidney stones; pain lower back; 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.

knee- r/o meniscus tear; ABD r/o kidney stones or tumor; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; abdomen/pelvis CT 8/3/15; knee 5/30/15; There has been treatment or conservative therapy.; knee - pain, swelling, tenderness with ROM; ABD - gross hematuria; physical therapy ordering physician is a urology and we are doing a follow up for surveillance for cancer of the kidney.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 had previous surgeries, doctor wants to make sure something isn't going on with left ovary or adhesions; This is a 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 a ventral hernia without obstruction; 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 had an amylase lab test.; The results of the lab test were normal.

Patient has had recent unexplained weight loss with acute fatigue and LLQ abdominal pain symptoms. We are screening for possible cancer. Patient also is a chronic smoker with SOB symptoms, COPD and abnormal cxr which showed possible nodules or scarring in; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 with abd pain for 2 weeks no pelvic pain cmp labs amylase lipase negative acute abd series xray negative hcg negative pain is severe; This is a 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.

Positive for abdominal pain and diarrhea. Positive for dysuria, flank pain and pelvic pain There is tenderness (generalized).  To eval for 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.; 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.

Pt complains of sudden lower left quadrant pain with fever and constipation. Pelvic exam was normal and ultrasound 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 acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.

Pt has a history of carcinoid tumor of the colon.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 history of inguinal hernia. large hiatal hernia. pt is being referred to a specialist. test to be done prior to appt.; This is a 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 a history of kidney stones. doctor thinks pt has one now.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

PT HAS A HISTORY OF 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.; A rectal exam was not performed.

Pt having left lower quadrant abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

RENAL CALCULI, 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.

right flank pain, caecalate; 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.

rule out a mass, pt has splenomegaly.; This is a 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.

Symptoms are re occurring . Pain the r lower lower quadrant; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.

Symptoms started on 7/18/15. pt had acute pain right lower lateral chest, with no trauma noted. Pt verbalized rolled over in bed and felt a pop. right rib xray on 7/20/15 with normal findings. Pt was prescribed a muscle relaxer Soma 350 and pain med, Norc; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/18/2015; There has been treatment or conservative therapy.; symptoms started on 7/18/15. pt had acute pain right lower lateral chest, with no trauma noted. Pt verbalized rolled over in bed and felt a pop. right rib xray on 7/20/15 with normal findings. Pt was prescribed a muscle relaxer Soma 350 and pain med, Norc; symptoms started on 7/18/15. pt had acute pain right lower lateral chest, with no trauma noted. Pt verbalized rolled over in bed and felt a pop. right rib xray on 7/20/15 with normal findings. Pt was prescribed a muscle relaxer Soma 350 and pain med, Norc

tenderness with palpitation; nausea; did ultrasound on the 7th and she has a fatty infiltration of the liver and to rule out if it is an atypical hemangioma or if it is just a focal fatty infiltration; This is a 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.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have 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.; 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 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.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; 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 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.

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.

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.

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 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 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 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 continued abdominal/pelvic pain despite improving signs post treatment of yeast infection. She has discomfort with intercourse and feels pressure. She had one questionable/inconclusive ultrasound per the tech in regards to uterus/right o

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 this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; 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 a recent diagnosis of prostate cancer. Pre operative staging.

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 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.; 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 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.

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.; 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.; 57 y/o AAF to clinic with a 1 week history of nausea, abdominal cramping, constipation. She has a follow-up appointment on 9/17/2015 with Dr. Gordon. She also c/o aching to her lower extremities. She has the sensation of nausea but she has not been able t

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.; Lower abdominal pain since yesterday with fever last pm and nausea. Worse on left lower quadrant. + tenderness to lower R and L lower abdomen.

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.; No Doctor's notes available.

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 none of the listed reasons.; 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 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.; 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; &Enter Additional Clinical Information&

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 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 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.

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.; Checking for a infection  Abdominal 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.; 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.; MD is trying to r/o appendicitis.

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.; <Enter Additional Clinical Information>

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 with diarrhea, antritis&#xOD; needs ct for further evaluation and to rule out diverticulitis

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.; follow up h pylori  Still having a lot of pain. Did finish the antibiotics. Still taking prilosec. Finished the antibiotics a week ago. Less pain but still hurts in the left upper quadrant. Still with some burping. Having some diarrhea in the morn

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 Ulcer

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; RLQ abdominal pain. Concerned about appendicitis. Will get a CT STAT.,TENDERNESS AND RIGHT LOWER QUADRANT PAIN,NAUSEA,VOMITING X 3 DAYS,NOT EATING,ANOREXIA,BLOATING

This is 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; "simply ab 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; <Enter Additional Clinical Information>

This is 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 yrs ago OB/gyn noted hernia. Starting to have abdominal pain. Palpated on exam today.

This is 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 LEFT SIDE X 2 WEEKS. TENDER TO PALPATION. +NAUSEA, VOMITTING. + EMERGENCY ROOM VISITS. TRIED BENTYL NO HELP.

This is 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

This is 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 swelling, very bloated and cannot burp

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain for 1 month. Is episodic.Last episode lasted him 12 hrs. Trial of Nexium hasn't help. US was 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; Abdominal pain has continued since July when she had her colonoscopy. The colonoscopy that was performed was negative. Mrs. Shirley Hunter does have a first degree family history of colorectal carcinoma. This patient is in quite a bit of pain and has been

This is 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 with guarding and elevated white blood cell count

This is 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, UPPER AND LOWER QUAD, NAUSEA AND VOMITTING, DIAHRREA, PAIN IN THE RIGHT FLANK FOR THE PAST TWO YEARS, GALL STONES

This is 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, no appetite, 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; abdominal ultrasound was abnormal and recommended doing a ct of abdomen and pelvis

This is 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 pelvic US with a multilocular cystic lesion on a ovary. Radiologist recommended CT of ABD/Pelvis with contrast

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abnormal CT scan 04/04/14, CT from 4/14 noticed aortocaval cyst L1-2, had repeat CT 7/7/14, recommended repeat in 1 yr per radiologist,   1. As seen on the recent MRI, there is an aortocaval cystic lesion at the L1-2 level which measures 2.5 x 2.0 cm. I

This is 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 gas pattern of small bowel ruq. r/o 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; Abnormal PSA in the past; pt had ultra sound and colonoscopy completed; Radiologist recommended a CT scan be done

This is 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 radiology study with small right inguinal hernia identified. Report recommened CT.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Additional medical will be faxed-

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; anemia, left sided abdominal pain, dysuria

This is 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 and Nausea, Abnormal Labs and 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; chronic constipation, pain in the lower abdomen, pulling pain, patient is a diabetic

This is 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 diarrhea with abdominal pain and elevated WBC

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Constipation, unable to eat due to nausea

This is 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 and abdominal tenderness which extends to suprapubic pain and tenderness has had some constipation but it has now resolved. Xray indicated no stones visible and no evidence of 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; general abdominal pain noted, primarily lower right quadrant, radiates to the sternum a week ago. Aching Cramping, decreased appetite.

This is 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 tenderness to light palpitation

This is 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 sharp pain and having vomiting for six months pt when throws up which contains blood, diathermia, pain in by lateral quadrants light headed 9 out of 10 pain ultrasound was 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; He has had vomiting and diarrhea. He is having some abdominal pain mostly on the right side. No family members have been sick. He has had a low-grade 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; history of gastric bypass and moderate stool seen on KUB

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; LLQ tenderness and RLQ tenderness; has had bilateral oophorectomy and hysterectomy; Had normal 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; lower abd pain, ultrasound done 9/30/2015, 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; LOWER ABDOMINAL 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; Midline hernia and right upper 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; MULTIPLE URINARY TRACT INFECTIONS NOT EFFECTIVE WITH ANTIBIOTIC THERAPY, RIGHT 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; n/a

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; nausea and vomiting, abnormal pancreatic exam and has severe pain in the 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; Need to rule out 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; 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; Pain is worsened with deep breathing and coughing; Looking 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; Patient experiencing ABD pain. U and L LWR Quad 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 trans abdominal pelvic ultrasound complained of pain 2 wks before visit

This is 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 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 having excessive diarrhea and rectal bleeding with abdominal pain after colonoscopy.

This is 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 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 (B) LE Edema with Back pain and Pulmonary embolism. Dr. Perser is asking for the CT ABD/Pelvis to see what other treatment needs to be done to help our Pt.

This is 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 presented to the office with abdominal pain. Patient was found to have leukocytosis.

This is 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 US on 09/22/15 continued Abd pain. Seroma soft tissue at the site

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; previous abn pelvic ct still having abdominal and pelvic 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 left abdominal pain with lower back pain. has urinary frequency. pt has pelvic pain. Pt had US of abdomen and pelvis which 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; pt has unexplained abdominal pain for past month. pt had normal EGD and colonoscopy. GI recommended imaging 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; rectal bleeding, L lower quad pain, passed out for 45 minutes, 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; Started with LLQ/L groin pain for 1-2 months. Feels bloated. Once applying pressure to site, would obtain relief. No N/V. Would have intermittent diarrhea and cramping about once a week, lasting for 1-2 days. Watery stool, not bloody. Would have about 6 B

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; tenderness across lumbar back, bilateral flank pain regions
This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Testicular 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; The patient has been complaining of right lower quad pain for a week, she has been having 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; this is a follow up for abdominal pain, had pelvic ultra sound on 6/25/2015 no abnormalities were found!

This is 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 nausea and vomiting. Patients gastric emptying study, EGD and Colonoscopy are 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; 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 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; - Additional clinical information Pt has aortic aneurysm, has stent implant. Pt has flank pain and back pain. Referring to surgeon.

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; history of chest wall carcinoma/ history of 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 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.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; pt c/o golf ball size knot to umbilical/(r) mid abdomen with c/o discomfort

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; <Enter Additional Clinical Information>

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. has abdominal mass and pelvis swelling.

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 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 for left kidney cancer. Partial nephrectomy.

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.; The patient has confirmed breast cancer in both breast, she is having vaginal bleeding, the uterus is severely enlarged seen on ABD US on 08/4/2015. The patient is post menopausal.

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 physical findings or lab results indicating an intra-abdominal bleed.; 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 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 acute pain.; 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 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 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 the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.

This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; 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 acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

urinary straining. back pain. no fever. pt does have a history of 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. will fax; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/21/2015; There has been treatment or conservative therapy.; Chest Pain, Abdomen pain, Shortness of breath; X-ray, Meds, Labs,

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2014; There has not been any treatment or conservative therapy.; lumbago with sciatica

had ct that showed possible cancer of the pancreas; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 had ct scan that showed her right ovary to measure 5 cm by 2.3 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 not a hematologist/ oncologist.

Pt is diagnosed with pancreatitis With liver spots.; 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.

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."; Enter answer here - patient has family history of pancreatic cancer as well as a hgb A1C of 8.0 and greater. pt also a diabetic with elevated alkaline phosphatase levels.

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."; history of pancreatitis, nausea and abdominal pain in right upper quadrant radiating to the back.

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."; < Enter answer here - or Type In Unknown If No Info Given. >

This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; < Enter answer here - or Type In Unknown If No Info Given. >

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."; < Enter answer here - or Type In Unknown If No Info Given. >

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; adrenal mass seen on ct of chest dos 8/5/15 measuring 3.3 X 3.0 X 2.7

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."; Ms. Bullard presents in follow up from Office Visit with Dr Ketcher. The following radiology tests were done: abdominal CT (2 cm low density left adrenal nodule---She had CT 4 years ago at St Josephs now CHI showing 1 cm Adrenal nodule that she was not

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; pancreatic 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."; patient did go to the ER over the weekend. Having lower back pain and vomiting

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."; Possible liver mass. possible splenic infarcts.

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 abd pain, on US enlarged liver with large lesion and elevated liver functions on labwork

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 abdominal pain with abdominal mass, pt went to the er where a ct scan revealed 10.7 cm mass, mri recommended to differentiate between hemangioma or hepatic adenomas

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 Hepatitis C, abdominal US showed echogenic lesions in hepatic lobe measure 1.8 x 1.9 cm within liver, indeterminate due to hepatitis C, follow up with abdomen MRI recommended by radiologist.

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 new suspicious mass on kidney and liver found on ultrasound. Radiologist has recommended an MRI of the 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 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 us of abdomen with shows hyperechoic masses, suspect liver hemangioma but would like MRI to further evaluate

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 an MRI of the right kidney -- 62 yo male noted to have a CT on 8/11/15 that demonstrated a 4mm distal ureteral stone and an 8 mm right renal mass. Please evaluate further. Does this have any suggestion of malignancy? Thanks!  

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >

This request is for an Abdomen MRI.; This study is 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 had a ABD CT study done on 8/6/2015.  Study revealed L renal complicated cyst and the possibility of a lesion on pancreas which needs to be confirmed. CT study was not specific enough.

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 abd CT- mass

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."; US report states small liver lesion likely medial segment left hepatic lobe near the midline. This is nonspecific. Further imaging workup could be performed with MRI pre and postcontrast.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.

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.; < Enter answer here - or Type In Unknown If No Info Given. >

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Patient has had LUQ pain for 10 months. Pain is there almost all the time. Pain is a little worse with stretching type movement. No GI or GU symptoms. CT of abdomen recommends an MRI for further 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 found on Ct.

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 is for Hemangioma

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.; trying to find out if the patient has CAD; Yes, there is Chronic 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.; PT PRESENTED TO OFFICE FOR A F/U FROM INPATIENT STATUS AT AMMC, WITH DX OF CVA, AND ATHEROCLEROSIS OF AORTA.

Yes, this is a request for CT Angiography of the abdominal arteries.

hx double mastectomy less than a year ago, found mass, ultrasound on 8-24-15 showed a palpable area of concern in right breast upper outer quadrant 3cm x 2cm; 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.; It is not known if this patient have axillary node adenocarcinoma.

pt with golf ball size mass, mammo was extremely abnormal, radiologist is requesting a mri to further eval; 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.

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 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.; There are benign lesions in the breast associated with an increased cancer risk.

This is a request for a Bone Density Study.; Unknown if this patient had a bone mineral density study within the past 23 months.; This patient does not have a clinical risk of osteoporosis or osteopenia.; The patient has not been on steroid therapy for more than 3 months.; This is not a repeat study due to a change in treatment or a change in symptoms of osteoporosis.; The patient is not post-menopausal or estrogen deficient.

< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

< Enter answer here - or Type In Unknown If No Info Given. >; 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 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.

Attacks of chest pain, tightening pain. will last from 45 minutes to 3 hours. Does have sensation someone is sitting on chest - pressure on chest. Says this sensation is different from acid reflux pain. Gets diaphoretic with these attacks but now SOB. Noth; 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).

Coronary Atery Disease; 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'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.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

ER follow up for pneumonia, elevated blood pressure, shortness of breath and tightness in chest with exertion. Unable to walk on a treadmill.; 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).

none v; 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 HAS FAMILY HISTORY OF HEART DISEASE.; The patient is not diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Precordial chest pain noted. It radiates to the back. The pain initially began two days ago. She characterizes the pain as pressure and tightness. Associated symptoms include headache. She has never had chest pain prior to this episode. pain in ches; 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 went ER 6/19/2015, cardiac enzymes were negative, risk hypertensive, smoker family history 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).

seen in office 7/1/15 with a new onset A-fib- discovered at pre-op for knee surgery. Had an Echo done 7/15/15 - cardiologist recommended "further nuclear stress testing would be suggested as inferobasilar wall motion abnormality that may be from an ischem; 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).

she has history of Super VENTRICULAR TACHYCHCARDIA , HYPERTENSION  grandfather that first MI age 29 nausea  chest pain , pain that radiates to her left arm R/O ACUTE MI; 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).

Shortness of breathe; Limited mobility; 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 at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.

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 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 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 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.; 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 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 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 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 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.; It is not known if there are documented 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.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; 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 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 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

Unusual high blood pressure , unable to do a treadmill stress test; 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).

x 2 wks ago, sharp pains x 3 mins, light-headed at times, just not feeling well, dizziness but not real often, some numbness/tingling in left hand, denies shoulder, jaw or neck pain at that time; 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).

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 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 to establish a cancer diagnosis.; 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 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 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 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 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.; 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.; 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.; 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 is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.

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 Pericardial Disease.; This is for the initial evaluation of a pericardial 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.; 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.; There are NOT 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 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 initial diagnosis of congenital heart disease.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of 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.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of the heart's response to high blood pressure.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for follow-up to a prior test.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for symptoms of a heart problem.

This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.

This 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.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms of Lung Cancer.

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 quit smoking in the past 15 years.; The patient does NOT have signs or symptoms of Lung Cancer.

Patient with appetite change, fatigue, nausea and slightly jaundice. CT abd/pelv shows lesion on pancreas Which Dr Maglothin believes to be pancreatic cancer. patient with abnormal hepatic function panel and cbc. neg. hep a and c.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Positive for abdominal pain (epigastric; RUQ), anorexia (loss of appetite; but just had breakfast this am(eggs and bacon)), nausea and vomiting. Negative for diarrhea.  This is the test the surgeon requested.; 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 has an altered biliary tract anatomy that precludes ERCP.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/9/2015; There has been treatment or conservative therapy.; NAUSEA AND VOMITING  EAR PAIN IN LEFT EAR  SEVER LEFT SIDE HA  AGERVATED BY NOISE AND LIGHT  JAW PAIN AND BLURRY VISION; PATIENT WAS GIVEN MEDIATION

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2010 fractured her head and neck; There has been treatment or conservative therapy.; HA AND TINGLING IN THE EXTREMITIES; treating MIGRAINES with medication

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 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

; 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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CT CHEST-RIGHT UPPER LOBE LUNG NODULES WIT SMALL MASS ON CXR DONE 8/31/15. QUIT SMOKING 2010 AFTER 20 YRS.
 CT BRAIN-HYPONATREMIA, ALSO HAS FREQUENT SEVERE HEADACHES.
HYPERTENTION; 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

Benign positional vertigo, and numbness of the upper extremities.; 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

c/o dizziness "ongoing for a while, now constant, OTC motion sickness pills are helping better than the medication I was given, worse with sudden movement or standing, even when I wake up in the morning it is there , I had to leave work early yesterday an; 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 daily 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.

Radiology Services Denied Not Medically Necessary

chronic headaches, accompanied by nausea, sensitive to light.; 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

Daily headaches for two years. Sometimes lasting 12 hours. Sometimes 10 out of 10 on pain scale, sometimes a 3 or 4. Most commonly behind his right eye.No vision defects. Medications have not helped.; 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

DIZZINESS.; 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

Doctor wants to be sure of any underlying damage; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; SEVERE HEADACHE; LOW BACK PAIN

Radiology Services Denied Not Medically Necessary

dx: mental status change, weakness, unsteady gait, confusion answer here - or Type In Unknown If No Info Given.; 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

FOLLOW UP AFTER MVA; This study is being ordered for trauma or injury.; APPROXIMATELY ONE WEEK AGO PATIENT WAS INVOLVED IN MVA.; There has not been any treatment or conservative therapy.; PATIENT IS EXPERIENCING DAILY HEADACHES AND NECK PAIN.

Radiology Services Denied Not Medically Necessary

has had headaches off and on x 1 year; 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

Headache has lasted for six days with no improvement in symptoms, only intensifying pain over those six days, despite pain medication being given.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

headache, new onset.; 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

headaches for 7 days, no visual changes/ no improvement with meds/; 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

History of head injury. Golf-ball size knot on back of head. Knot has increased in size.; 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

HX of headache since childhood, no previous CT or other imaging; 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

Loss of consciousness. Arm weakness.; 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

memory changes , 400 lbs , having severe headaches and concern for block of arteries; 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

Memory loss, early dementia; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

Radiology Services Denied Not Medically Necessary

n.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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Nausea light sensitivity; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as 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

Nightly frontal and occipital HA for 5 years that seem to happen after he eats supper. HA are not a/w weakness or any other neurologic sx but are severe enough to cause him to lay down in a dark quiet room. OTC meds improve but do not resolve HA.; 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

no previous history of 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.

Radiology Services Denied Not Medically Necessary

none; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as 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

None; This study is being ordered for trauma or injury.; 9/18/2015; There has not been any treatment or conservative therapy.; Lower neck and head pain.

Radiology Services Denied Not Medically Necessary

passing out; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Radiology Services Denied Not Medically Necessary

PATIENT HAS 8-10 FRONTAL HEADACHES A WEEK. DIZZINESS, AND VISION CHANGES; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Radiology Services Denied Not Medically Necessary

Patient has a history of transient ischemic attack. He is experiencing chronic daily headache and is experiencing memory loss of unknown cause.; 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 a mental status change, slurred speech, has trouble speaking.; 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 been having more seizures lately and has black out.; 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

Patient has complained of headache and has been treated but the headaches seem to be persistant and has had light sensitivity.; 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 headache with worsening, nausea and vomiting.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Patient is having headaches with nausea and vomiting. Patient has chronic sinusitis; 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 states he is fatigued and had a seizure and haven't felt good since then; 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

Patient woke this morning with a headache. Patient says that he has never had this kind of pain from a headache. He states that it is the worse pain he has 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."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

persistant worsening headaches; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

pt c/o persistent daily headache for 2 years; 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

pt has been having hallucinations that has gotten worse over a period of time; 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

r/o CVA; This study is being ordered for a neurological disorder.; 5/13/2015; There has not been any treatment or conservative therapy.; Headache radiating to the sinus area; malaise and fatigue; visual loss in the Rt eye; memory issues "cloudiness"; loss of concentration; hesitance when trying to speak; general weakness on the Rt side along with radiculopathy; gate disturbances; equilibri

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.; 7/13/15; There has been treatment or conservative therapy.; Unexplained headache , dizziness , chills fatigue nausea; medication

Radiology Services Denied Not Medically Necessary

Recent memory loss. Family history of Alzheimer's; 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

ringing in ears and hearing 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

She c/o headaches 2-3 times weekly she states they occur in no clear pattern, nothing otc helps, new onset, back of head lasting days she states this has been ongoing since her last ov when she was DX with Strep; 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

shortness of breathe increase heart rate and anxiety with these 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.

Radiology Services Denied Not Medically Necessary

suspected mastoiditis; This study is being ordered for Inflammatory/ Infectious Disease.; Enter date August 28th, 2015; There has been treatment or conservative therapy.; blurred vision, sinus pressure; antihistamines and anti inflammatory medications

Radiology Services Denied Not Medically Necessary

Syncope and collapse; 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

The symptoms began 10 years ago. The symptoms are reported as being moderate. The symptoms occur daily. Aggravating factors include nothing particular. Relieving factors include nothing. He states the symptoms are chronic and are poorly controlled. someti; 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 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.

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 2 weeks; Headache best describes the reason that I have requested this test.

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

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.; The study is requested for known or suspected brain tumor, mass or cancer.

Radiology Services Denied Not Medically Necessary

This patient had a syncope episode, during this episode she stated that it felt like she was a having a dream. Someone witnessed that she was jerking, tossing, and turning when she had this syncope episode.; 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

top of scalp tender to touch radiates to left ear.; 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

unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

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.; right knee pain and c/o popping when she bends it, increased neck pain , headaches are increasing to a daily event

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 8/19/2015; There has not been any treatment or conservative therapy.; throid stones,

Radiology Services Denied Not Medically Necessary

UNLATERAL HEADACHES ON THE LEFT SIDE, 30 MIN DURATIONS OCCURRING OCCASIONAL OVER THE LAST 4 MONTHS, RESULTS IN BURNING, MIGRAINES; 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

V15.59; 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; 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

Was seen in April for migraines. Returned for follow up July 27 with some improvement but not resolved. Needs Ct for further evaluation; 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

Will fax; 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

Worst headache of her life x 3 weeks.; 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

MRI's have been requested for surgical consult and to determine 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.; 08/02/2015; There has been treatment or conservative therapy.; Non mobile lymph node behind the ear mass is in the mastoid process. Patient states she feels tired all the time.; Antibiotics

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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 unknown.

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In recurrent respiratory illness with cough, congestion, fever, sinus pressure, sore throat, drainage, fatigue Unknown If No Info Given.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment

Radiology Services Denied Not Medically Necessary

Pain in head noted. Onset was more than 12 months ago. The pain is diffuse with no specific location. She characterizes it as moderate in severity, squeezing, and Pressure, pin-point like areas.. Associated symptoms include vision disturbance (blurry; 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

Patient has been seen since June for chronic sinusitis.; 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

Patient has had recurrent headaches and several episodes of sinusitis since January; 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

Patient has had several sinus infections this year, at least 4 times since april.; 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

Radiology Services Denied Not Medically Necessary

Patient is having headaches, she has received a course of antibiotic treatment 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 (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

pt has been Dx with Bells Palsy, sinusitis, and weakness of R side of face. Antibiotics have not helped. pt continues to having facial pain, swelling, and numbness.; 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

r/o CVA; This study is being ordered for a neurological disorder.; 5/13/2015; There has not been any treatment or conservative therapy.; Headache radiating to the sinus area; malaise and fatigue; visual loss in the Rt eye; memory issues "cloudiness"; loss of concentration; hesitance when trying to speak; general weakness on the Rt side along with radiculopathy; gate disturbances; equilibri

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.; 7/13/15; There has been treatment or conservative therapy.; Unexplained headache , dizziness , chills fatigue nausea; medication

Radiology Services Denied Not Medically Necessary

suspected mastoiditis; This study is being ordered for Inflammatory/ Infectious Disease.; Enter date August 28th, 2015; There has been treatment or conservative therapy.; blurred vision, sinus pressure; antihistamines and anti inflammatory medications

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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/11/2015; There has been treatment or conservative therapy.; abdominal pain, anemia, fatigue, Cystitis, chest pain, dizziness; iron tablets, thyroid meds as a new onset of tsh problems, labs have been drawn.

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for trauma or injury.; 9/18/2015; There has not been any treatment or conservative therapy.; Lower neck and head pain.

Radiology Services Denied Not Medically Necessary

Patient was abused by her spouse. Patient was choked with spouse weight on her throat and chest wall. Increased pain with deep inspiration.; This study is being ordered for trauma or injury.; Today 08/11/2015; There has not been any treatment or conservative therapy.; Patient was abused by her spouse. Patient was choked with spouse weight on her throat and chest wall. Increased pain with deep inspiration.

Radiology Services Denied Not Medically Necessary

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.; It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this is 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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

pt co the worst headache ever, and dr howard is wanting to make sure this is not a anurysum or a bleed of some kind.; This study is 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.; pt presented to the clinic today with THE WORST HEADACHE SHE HAS EVER HAD! holding her head in her hands, started through the night and has gotten worse as the day goes on
Yes, this is a request for CT Angiography of the brain.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8 days ago; There has been treatment or conservative therapy.; Head trauma and blurred vision; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

Abnormal cervical spine at C5-6. Correlation of MRI of cervical spine.; "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 crepitus and pain with motion. Patient feels sharp, dull, tingling pain radiating and its worsening.; "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

Neck muscle tightens. Pt states tingling in right hand and arm and burning sensation down back. No improvement after musc relaxers and chiro visits. Been present 1-6 months.; "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 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

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.; It is unknown if there is a history of orbit or face trauma or injury.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 08/25/2015; There has been treatment or conservative therapy.; The patient was dropped from shoulder height and landed on her chin. This happened 08/25/2015, gets a popping in her jaw, jaw pain and teeth are not right, also back pain.; applied heating pads,

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/11/15; There has not been any treatment or conservative therapy.; patient is unable to talk slurred speech hurt all over including rt HA and TIA abnormal carotid Doppler done in office; This study is being ordered for a neurological disorder.; two weeks ago; There has not been any treatment or conservative therapy.; syncope and collapse

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

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

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; 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).

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; 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

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; It is unknown if the patient has 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

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/10/2015; There has been treatment or conservative therapy.; Possible MS; headaches; weakness in upper extremities; paresis; Tylenol

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 17 mos; There has been treatment or conservative therapy.; pain, swelling, weakness in lower extremities, headaches w/numbness; meds, pt,

Radiology Services Denied Not Medically Necessary

; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; 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

; 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 headache is described as sudden and severe.; It is unknown if there are 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)

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known 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

40 yr old pt with increasing memory loss; narcoleptic behavior; pt can not remember doing ADL's; falling asleep while performing ADL's;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

Radiology Services Denied Not Medically Necessary

abnormal carotid Doppler done in office; This study is being ordered for a neurological disorder.; two weeks ago; There has not been any treatment or conservative therapy.; syncope and collapse

Radiology Services Denied Not Medically Necessary

back pain, neck pain, moving up neck to ear, 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).

Radiology Services Denied Not Medically Necessary

because of complaint of facial numbness and headache, will obtain MRI of the brain. we'll also obtain MRI of the L and C-spine because of her complaint of radiculopathy type pain. We'll try diclofenac for pain and discontinue Mobic. She will follow up ; This study is being ordered for a neurological disorder.; 4 years ago; There has been treatment or conservative therapy.; patient is here to follow-up on her lower back pain. Mobic was not helpful. she also complains of chronic intermittent numbness on the right side of her scalp and face she has neck pain at times. She has no radiation of the pain into her shoulders or a; Medication Name; Sig Desc; Start Date; Stop Date; Refilled; Calcium 600 + D(3) 600 mg-125 unit tablet; take 1 tablet by oral route every day; 03/02/2014; ; Premarin 0.625 mg/gram vaginal cream; Insert 0.5mg intravaginally twice a week.; 08/21/2014; ; 0

Radiology Services Denied Not Medically Necessary

concerned for pituitary tumor, increased fatigue; 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

Enter answer here - or Type In UBipolar I disorder, most recent episode (or current) depressed, moderate details; the diagnosis of depression was made several years ago. Presently, she feels a moderate degree of depression. Current medications include P; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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

Episode of syncope occurred approximately 2 months ago. This occurred doesn't recall how it happened. has had several episodes of syncope that he states he does not wake up for several hours. States no memory of falling. Seems to occur after he sits o; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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

frequent headaches that last for several days when they occur. Associated with nausea. symptoms not relieved 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).

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

migraines, unexplained weight loss. dizziness several times daily; 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.

Radiology Services Denied Not Medically Necessary

MRI head T1 showed abnormalities; 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

onset Scalp 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.; 08/10/15; There has not been any treatment or conservative therapy.; Scalp mass

Radiology Services Denied Not Medically Necessary

patient comes to our office with complaint of having bugs under skin, patient was given meds and referred to a dermatologist. patient also seeing doctor in little rock, and told that doctor that he had fell recently and hit his head and lost consciousness; 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.; 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.

Radiology Services Denied Not Medically Necessary

Patient has had multiple episodes of blacking out. patient has went to the ER 3 times and has had a CT done, which came back normal limits.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Radiology Services Denied Not Medically Necessary

Pt has been experiencing multiple headaches a week for the past couple months. Medicines does not seem to help much.; 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.

Radiology Services Denied Not Medically Necessary

Pt has been having episodes of blacking out/ used to have episodes once every six month but now they are occurring more often and it happens when she is active typically; 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.

Radiology Services Denied Not Medically Necessary

Pt has had memory loss. Family history of dementia; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).

Radiology Services Denied Not Medically Necessary

Pt having worsening headaches, with facial numbness and ringing of ears; 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

Pt is experiencing symptoms of malaise and fatigue, along with near syncope episodes.; 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 is experiencing fatigue or malaise.

Radiology Services Denied Not Medically Necessary

Pt is having worsening Memory loss, cognitive impairment; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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

she has noticed some ongoing issues with memory loss, it is getting worse, she drives occasionally, she is not very active outside the home, she no problems cooking and taking care of the home, daughter states she forgets random things easily, she is resp; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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; Changing neurologic symptoms best describes the reason that I have requested this test.

Radiology Services Denied Not Medically Necessary

This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.

Radiology Services Denied Not Medically Necessary

This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.

Radiology Services Denied Not Medically Necessary

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 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.

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

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 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

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.; left sided facial pain

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

Will attach clinical when available.; 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

"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; Patient to be evaluated for wheezing. She has asthma which was first diagnosed in adulthood. The frequency of daytime attacks averages several times per week. The frequency of nocturnal attacks averages several times per week. Her current asthma medic; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.

Radiology Services Denied Not Medically Necessary

"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; The Pt has chronic airway obstruction.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.

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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 - or Type In Unknown If No Info Given >;

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

; 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

; This study is being ordered for something other than: known 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

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.

Radiology Services Denied Not Medically Necessary

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.

Radiology Services Denied Not Medically Necessary

ABNORMAL XRAY; PATIENT HAD XRAY IN THE ER AND STATED THERE WAS A MASS NOTED; "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

chest 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.

Radiology Services Denied Not Medically Necessary

chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

ct done in hospital recommended follow up cts to be done pt is still having severe pain; This study is being ordered for Inflammatory/ Infectious Disease.; 6/7/15; There has been treatment or conservative therapy.; cp sob wt loss severe pain; pt was hospitalized for 3 days cts showed poss mass or neoplasm in pancreatitis pt still having pain and abnormal wt loss; This combination request does not include an OB Ultrasound.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

CT of abdomen and pelvis ordered. Labs ordered and will notify patient of any abnormalities. Further diagnostic evaluations ordered today include(s) ACUTE ABDOMEN SERIES, COMPLETE and CT ABDOMEN & PELVIS W/O CONTRAST to be performed.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2. Abdominal pain Onset: 3 Months. The problem has worsened. The location is midline and left upper quadrant. The quality of the pain is sharp. The denies aggravating factors. The denies relieving factors. Pertinent negatives include fever, nausea an; There has not been any treatment or conservative therapy.; 2. Abdominal pain Onset: 3 Months. The problem has worsened. The location is midline and left upper quadrant. The quality of the pain is sharp. The denies aggravating factors. The denies relieving factors. Pertinent negatives include fever, nausea an
'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.

Radiology Services Denied Not Medically Necessary

not given; This study is 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.; hypertension

Radiology Services Denied Not Medically Necessary

Onset: 6 weeks ago. Severity level is moderate. Location of pain is middle back. There is no radiation of pain. The patient describes the pain as burning. The patient denies relieving factors. Additional information: Patient seen previously with unclear et; A Chest/Thorax 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

Patient had CXR in 2014 that showed multiple calcified areas. This was over read by radiology and they concurred with original diagnosis.; "There is NO evidence of a lung, mediastinal or chest mass 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

patient is having chest pain and breathing difficulty; A Chest/Thorax 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 having posterior 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

Patient is having sharp pains below her left breast intermittent; A Chest/Thorax 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 seen in office on 09/21/2015 with complaints of upper back chest pain on left side when he takes a deep breath, lung sounds are abnormal with "rattling", patient is a chronic smoker, did not get xray of chest but suspect possible 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.

Radiology Services Denied Not Medically Necessary

Patient was abused by her spouse. Patient was choked with spouse weight on her throat and chest wall. Increased pain with deep inspiration.; This study is being ordered for trauma or injury.; Today 08/11/2015; There has not been any treatment or conservative therapy.; Patient was abused by her spouse. Patient was choked with spouse weight on her throat and chest wall. Increased pain with deep inspiration.

Radiology Services Denied Not Medically Necessary

Pleuritic 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 had a persistent cough for over 1 week.; "There is NO evidence of a lung, mediastinal or chest mass 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 is having severe right sided 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

SHORTNESS OF BREATH AND COUGH; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

Radiology Services Denied Not Medically Necessary

significant weight loss, smoker,neoplasm?; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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

swelling, no trauma, normal chest x-ray right lateral chest pain, r/o soft tissue 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.

Symptoms started on 7/18/15. pt had acute pain right lower lateral chest, with no trauma noted. Pt verbalized rolled over in bed and felt a pop. right rib xray on 7/20/15 with normal findings. Pt was prescribed a muscle relaxer Soma 350 and pain med, Norc; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/18/2015; There has been treatment or conservative therapy.; symptoms started on 7/18/15. pt had acute pain right lower lateral chest, with no trauma noted. Pt verbalized rolled over in bed and felt a pop. right rib xray on 7/20/15 with normal findings. Pt was prescribed a muscle relaxer Soma 350 and pain med, Norc; symptoms started on 7/18/15. pt had acute pain right lower lateral chest, with no trauma noted. Pt verbalized rolled over in bed and felt a pop. right rib xray on 7/20/15 with normal findings. Pt was prescribed a muscle relaxer Soma 350 and pain med, Norc

Radiology Services Denied Not Medically Necessary

There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; pain behind should radiated to right upper back started after a weight lift injury ov 6/9/205, cyclobenzaprine, prednisone ,hydrocodone acetaminophen, worsening with movement pressure when laying on back ,tenderness with pressure on the scapula knife stab; 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.

Radiology Services Denied Not Medically Necessary

There is no radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; ; "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

Radiology Services Denied Not Medically Necessary

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.

Radiology Services Denied Not Medically Necessary

This request is a repeat/follow up study from previous exam performed in 04/2015; "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

Unknown; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Unknown
< Enter answer here - or Type In Unknown If No Info Given. >; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This is a request for a chest MRI.

Radiology Services Denied Not Medically Necessary

Trying to R/O pneumonia and any evidence of COPD.; This study is being ordered for inflammatory disease.; The ordering physician is not a surgeon or pulmonologist.; It is not known if there is 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.; This is a request for a chest MRI.

Radiology Services Denied Not Medically Necessary

unknow; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknow; It is not known if there has been any treatment or conservative therapy.; low back pain that radiates down left leg, neck pain, left hip joint pain

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/2014; There has been treatment or conservative therapy.; Upper neck and back pain; Medications HEP Chiropractor

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2010 fractured her head and neck; There has been treatment or conservative therapy.; HA AND TINGLING IN THE EXTREMITIES; treating MIGRAINES with medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to suspected tumor with or without metastasis.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; There is a reason why the patient cannot have a Cervical Spine MRI.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 6-23-15; There has been treatment or conservative therapy.; Low back back Pain radiating down legs Numbness; The patient has been prescribed tramadol and gabapentin. Neither of these have given her relief.

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; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.

Radiology Services Denied Not Medically Necessary

FOLLOW UP AFTER MVA; This study is being ordered for trauma or injury.; APPROXIMATELY ONE WEEK AGO PATIENT WAS INVOLVED IN MVA.; There has not been any treatment or conservative therapy.; PATIENT IS EXPERIENCING DAILY HEADACHES AND NECK PAIN.

Radiology Services Denied Not Medically Necessary

ha for about a week; last past out and hit her head; 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

Head aches, tingling in her hands radiating down one side of her arm. Pain has been prolonged for a period of time.; 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

Neck pain , she has a fracture to her left ring finger.; 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

none; This study is being ordered for trauma or injury.; 8-3-2015; There has been treatment or conservative therapy.; leg pain and spine pain down to the shoulder; tramadol, ibuprofen, steroids

Radiology Services Denied Not Medically Necessary

Patient has a cervical strain with numbness and tingling down both arms.; 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 a history of fracture to his neck 19 years ago and had no treatment and the pain has gotten worse and is traveling down into his Lt shoulder and has had a knot come up.; 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

Patient has Rt. clavicle enlargement and Rt. arm numbness for more than a week.; 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 has tried home exercise, rx, and physical therapy at own cost to help with pain. NO relief. &#xOD; She states that her insurance did not approve an 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.

Radiology Services Denied Not Medically Necessary

Unknown; The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; 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.

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for a neurological disorder.; may, 2001; There has been treatment or conservative therapy.; Low back pain, sciatica, lower extremity pain, stiffness, Right leg weakness; Pt has seen a Chiropractor for 7 years

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.; right knee pain and c/o popping when she bends it, increased neck pain , headaches are increasing to a daily event

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 03/06/2013; There has been treatment or conservative therapy.; patient was having lost of grip strength, neck pain and headache and shoulder pain and mid back pain.; patient has physical therapy, injection, medication, chiropractic treatment.

Radiology Services Denied Not Medically Necessary

wants to rule out any broken discs, pt was bucked off of a horse; This study is being ordered for trauma or injury.; 9/9/15; There has been treatment or conservative therapy.; neck pain and back pain that radiates/ full ROM but chronic pain from neck down,; Norco and flexoril

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; n/a; There has been treatment or conservative therapy.; Numbness Tingling L arm and leg; NSAID's

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; September 2014; There has been treatment or conservative therapy.; Back pain; Pain pump

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/2014; There has been treatment or conservative therapy.; Upper neck and back pain; Medications HEP Chiropractor

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/09/15; There has been treatment or conservative therapy.; back pain, limited range of motion; the patient has been taking ibuprofen for pain

Radiology Services Denied Not Medically Necessary

Specific test requested by provider; 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

Unknown; This study is being ordered for a neurological disorder.; may, 2001; There has been treatment or conservative therapy.; Low back pain, sciatica, lower extremity pain, stiffness, Right leg weakness; Pt has seen a Chiropractor for 7 years

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 03/06/2013; There has been treatment or conservative therapy.; patient was having lost of grip strength, neck pain and headache and shoulder pain and mid back pain.; patient has physical therapy, injection, medication, chiropractic treatment.

Radiology Services Denied Not Medically Necessary

wants to rule out any broken discs, pt was bucked off of a horse; This study is being ordered for trauma or injury.; 9/9/15; There has been treatment or conservative therapy.; neck pain and back pain that radiates/ full ROM but chronic pain from neck down,; Norco and flexoril

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; n/a; There has been treatment or conservative therapy.; Numbness Tingling L arm and leg; NSAID's

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; September 2014; There has been treatment or conservative therapy.; Back pain; Pain pump

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 6-23-15; There has been treatment or conservative therapy.; Low back back Pain radiating down legs Numbness; The patient has been prescribed tramadol and gabapentin. Neither of these have given her 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.; 09/09/15; There has been treatment or conservative therapy.; back pain, limited range of motion; the patient has been taking ibuprofen for pain

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for trauma or injury.; 8-3-2015; There has been treatment or conservative therapy.; leg pain and spine pain down to the shoulder; tramadol, ibuprofen, steroids

Radiology Services Denied Not Medically Necessary

This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

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

wants to rule out any broken discs, pt was bucked off of a horse; This study is being ordered for trauma or injury.; 9/9/15; There has been treatment or conservative therapy.; neck pain and back pain that radiates/ full ROM but chronic pain from neck down,; Norco and flexoril

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain in shoulder; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 05/2015; There has not been any treatment or conservative therapy.; tingling, numbness to both arms, fatigue, neck pain, headaches, limited range of motion in arms (can't raise up all the way), when arms are raised she feels tingling within 30 seconds

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 5/22/2013 Back pain and the neck pain; There has not been any treatment or conservative therapy.; weakness  numbness  radiculopathy neck pain and back pain

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/10/2015; There has been treatment or conservative therapy.; Possible MS; headaches; weakness in upper extremities; paresis; Tylenol

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Neck and back pain for over 2 years; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Spinal blocks past 4 years;   defecated disk l spine   Bulging disk c spine  scoliosis t spine; Anti-inflammatory; pain meds; nerve blocks; at home exercise

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pt, medications, heat

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2014; There has not been any treatment or conservative therapy.; lumbago with sciatica

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 LIMITED RANGE OF MOTION; OVER THE COUTER MEDIATIONS

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/5/2014; There has been treatment or conservative therapy.; NECK PAIN BACK PAIN LUMBAR RADICLULAPOTHY; PAIN MEDICATIONS, MUSCLE RELAXER, ANTI-INFLAMMATORY, STERIODS

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/23/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Injections

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/18/2015; There has been treatment or conservative therapy.; passing out and neck and back pain, severe headaches.; medications,

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; shooting pain starting in neck going all the way down; physical therapy

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/15/2015; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 presented 10/21/2013; There has been treatment or conservative therapy.; chronic back pain, bulging and herniated discs, nerve impingement in neck, stenosis. MRI performed 2012 of the spine shows abnormalities in all sections of spine.; Pain meds, PT

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 been treatment or conservative therapy.; N/a; Pain management

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 date; There has been treatment or conservative therapy.; pain numbness and weakness; steroid and pain medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; right shoulder pain, popping worse with movement in shoulder; medication, physical therapy

Radiology Services Denied Not Medically Necessary

. Cervical- tight paracervical muscles The pain is sharp, radiating to her shoulder and upper back. There is also some numbness and tingling sensation that goes to her extremities.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; here for neck pain, getting worse this past few weeks. She noticed that she is getting a lot of muscle spasm and headache due to her neck pain. The pain is sharp, radiating to her shoulder and upper back. There is also some numbness and tingling sensation; The patient 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.; 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.; Grip 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.

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.; Pt upper extremities are weak; The patient 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.; 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 not have 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.;

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 study is being ordered for a neurological disorder.; 6/19/2015; There has been treatment or conservative therapy.; Numbness, bi-lateral leg pain.; Physical therapy. Pain medications, Hydrocodone. Reducing activity.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 8/11/2015; There has been treatment or conservative therapy.; radiating pain from cervical and lumbar spine; at home lumbar strengthening exercises along with anti inflammatory medication

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; months ago; There has been treatment or conservative therapy.; pain in neck with numbness down It arm pain in lower back with numbness down right leg; patient has been to chiropractor and has been to physical therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Congenital Anomaly.; Birth; There has been treatment or conservative therapy.; Increasing pain in neck and back for past three years. Prior abnormal MRI in July 2014.; Patient has been treated with muscle relaxers, but pain is increasing.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known 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.; 2012; It is not known if there has been any treatment or conservative therapy.; Patient complaining of pain. Upon physical exam patient reports tenderness over spine and into intrinsic muscles of the C-Spine. There is also tenderness into Mid-line T-Spine and paraspinal muscles. Patient has poor posture and states it hurts to sit str

Radiology Services Denied Not Medically Necessary

; This study is 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 chronic pain in her mid to lower back and she has been diagnosis with bulging disc in her past. We are just making sure that things have not gotten worse enough for patient to be sent to neurosurgeon. We cannot send them unless they have MRI; There has been treatment or conservative therapy.; Neck pain and stiffness and chronic mid to lower back pain. Has difficulty bending and straightening back up. Pain radiating into her hip area.; Home exercises have been given to the patient. Instructed to use heat and ice and anti-inflammatory medication.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; 10+ years; There has been treatment or conservative therapy.; ; OTC Nsaids, Rx migraine medications, massage, at home range of motion exercises

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; June 2015; There has been treatment or conservative therapy.; Pain and tingling down the left arm radiating from the cervical spine. Numbness in fingers. Symptoms have worsened since initial therapy.; Pt has has home exercises along with cyclobenzaprine and hydrocodone acetaminophen

Radiology Services Denied Not Medically Necessary

3. musculoskeletal pain  Onset: 2 months ago. Location: neck. There is no radiation. The pain is stinging pain. Additional information: he has a neck surgery on C3 and C4. She has a cadaver bone, a plate and 3 screws (2004). Over the past 2 months s; 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

abnormal c/spine xray recommending correlation with MRI; This is a request for cervical spine MRI; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

acute 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 NOT had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

BACK PAIN; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; EVALUATION WITH PAIN MGMT DR. KHAN FOR EVALUATION FOR CERVICAL TPI AND GREATER OCCIPITAL NERVE BLOCKS F/U  ORDERED CERVICAL SPINE MRI AND LUMBAR SPINE MRI WITHOUT CONTRAST FOR RADICULOPATHY WITH NECK AND LOW BACK PAIN; MEDICATION AND EXERCISES

because of complaint of facial numbness and headache, will obtain MRI of the brain. we'll also obtain MRI of the L and C-spine because of her complaint of radiculopathy type pain. We'll try diclofenac for pain and discontinue Mobic. She will follow up ; This study is being ordered for a neurological disorder.; 4 years ago; There has been treatment or conservative therapy.; patient is here to follow-up on her lower back pain. Mobic was not helpful. she also complains of chronic intermittent numbness on the right side of her scalp and face she has neck pain at times. She has no radiation of the pain into her shoulders or a; Medication Name; Sig Desc; Start Date; Stop Date; Refilled; Calcium 600 + D(3) 600 mg-125 unit tablet; take 1 tablet by oral route every day; 03/02/2014; ; ; Premarin 0.625 mg/gram vaginal cream; Insert 0.5mg intravaginally twice a week.; 08/21/2014; ; 0

Radiology Services Denied Not Medically Necessary

BP.; 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

Caller bypassing clinical.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Caller bypassing clinical.; It is not known if there has been any treatment or conservative therapy.; Caller bypassing clinical.

Radiology Services Denied Not Medically Necessary

Conservative therapy and Chiropractor visits 3x; 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

Radiology Services Denied Not Medically Necessary

Degenerative disc disease.; 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.; The patient has NOT had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

failed 6 weeks of pain meds; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; R shoulder got numb. He has some 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

Has a congenital fusion at facet joint at c2,c3 and c3,c4, has degenerative changes with foraminal stenosis at c4 and c5-c6 and c7 from a past CT; doctor wants to follow up; 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

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>

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.; MDO bypassed the clinical questions.

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.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;

Radiology Services Denied Not Medically Necessary

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; patient has 3 herniated disk

Radiology Services Denied Not Medically Necessary

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; patient needs to have MRI before any other procedures can be done. pt and chiropractic services can not be ordered until after the results of the mri are obtained.

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.; 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; 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.; patient has muscle spasms.PAIN IN HIS NECK IS NOW RADIATING INTO HIS LEFT ARM AND TO HIS ELBOW; ONLY RELIEF IS WHEN HE LIES DOWN AND PUTS SOMETHING UNDER HIS NECK

Radiology Services Denied Not Medically Necessary

Limited ROM, and 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.; about 7 years ago, was seeing a neurologist in NY and was having PT but insurance ran out.; There has not been any treatment or conservative therapy.; The patient low back pain, arthralgia, weakness, numbness, sleep disturbance, blurred vision and sciatica.
Weakness/numbness in lower extremities.

Radiology Services Denied Not Medically Necessary

Neck pain with radiculopathy. Is doing physical therapy with no improvement. radiates down left arm. Needs MRI for further eval; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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

neuritis; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; Cervical back and lumbar back pain; physical therapy in 2012 with no improvement and also epidural injections in 2012-2013 None.; This study is being ordered for a neurological disorder.; 08/19/2015; There has been treatment or conservative therapy.; Parathesia to extremities, ankle pain.; Anti-inflammatories, pain meds.

Radiology Services Denied Not Medically Necessary

None; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 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.; Exercises Taking the pain meds with no relief. 2 months

Radiology Services Denied Not Medically Necessary

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.; 2013; There has been treatment or conservative therapy.; Pt c/o pain and leg weakness and pain in neck that radiates down his arm.; Steroids and OTC with no help.

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.; 6/16/15; There has been treatment or conservative therapy.; back pain; medication, 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.; Na; 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 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.; cronic back and neck pn, neuropathy, right leg weakness; pn meds

Radiology Services Denied Not Medically Necessary

Numbness and tingling bilateral upper and lower extremities; This study is being ordered for trauma or injury.; 07/23/2014; There has been treatment or conservative therapy.; Neck Pain, Low Back Pain, Numbness in extremities; Evaluation and treatment to date includes muscle relaxants, OTC analgesics, narcotic analgesics, physical therapy and epidural steroid injection.

Radiology Services Denied Not Medically Necessary

pain getting worse with 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.; 07/01/2015; There has been treatment or conservative therapy.; back pain, neck pain , numbness into fingers and both arms , tenderness; Medication , Home Exercise

Radiology Services Denied Not Medically Necessary

pain/numbness is effecting quality of life; This study is being ordered for a neurological disorder.; 09/29/2014; There has been treatment or conservative therapy.; pain in neck, shoulders and mid upper back. numbness radiates down bilat arms.; patient has preformed greater than 2 mo of physical therapy exercises plus medication for relief including nsaid, pain medication, muscle relaxer. all with no relief of sx.

Radiology Services Denied Not Medically Necessary

Patient had MRI Cervical in 2010, now has worsening neck pain and headaches.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

Patient has had two sessions of physical therapy, epidural steroid injection for neck and right shoulder, pain medication therapy and every the patient has tried has not helped. Patient is complaining of cervical pain and right shoulder pain. Symptoms a; This study is being ordered for trauma or injury.; 02/24/13; There has been treatment or conservative therapy.; right shoulder pain and cervical pain; Patient has had two sessions of physical therapy, epidural steroid injection for neck and right shoulder, pain medication therapy and every the patient has tried has not helped.

Radiology Services Denied Not Medically Necessary

Patient is here with continued pain in her left shoulder and neck since having an MVA back in November, now it is affecting her being able to use her left arm, she is having weakness and crepitus with numbness and tingling as well which starts at the base; This study is being ordered for a neurological disorder.; Patient is here with continued pain in her left shoulder and neck since having an MVA back in November, now it is affecting her being able to use her left arm, she is having weakness and crepitus with numbness and tingling as well which starts at the base; There has been treatment or conservative therapy.; she is having weakness and crepitus with numbness and tingling as well which starts at the base of her neck.; Flexeril/Ultram used, has also been to a chiropractor and had home PT

Radiology Services Denied Not Medically Necessary

patient recently fell and heard loud "pop" in neck--since then has experienced headaches, back pain and pain in neck and left arm. Pain worsens with movement or activity. Decreased range of motion.; 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.

Patient was seen in ER on 08/07/15. Dr.Baugh ordered tests and stated if worst to contact Er and come back in. pt called today and stated he feels like it is worsening.; This study is being ordered for a neurological disorder.; 08/07/2015; There has been treatment or conservative therapy.; chest pain and numbness going down left side. neck pain going down left arm. LUQ pain; zestril,nexium. apply heat to neck 20 min on and off.

Radiology Services Denied Not Medically Necessary

Pt has been having chronic neck pain for several years, increased pain within the last month. Pt is having bilateral muscle weakness and numbness in arms. Fatigue, extremity weakness, malaise.; 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.; hypo reflexive bilaterally

Radiology Services Denied Not Medically Necessary

Pt has had lumbar and cervical spine x-ray which were both negative. Abdominal 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.; chronic-initial date unknown; It is not known if there has been any treatment or conservative therapy.; Chronic neck and back pain, abdominal pain with tenderness and nausea, weight loss.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Pt here for a f/u to recent MVA. He states about one week ago he was involved in a rollover accident. He was taken to the ER and had both a head CT and a neck CT performed. The CTs noted no acute hemorrhaging or fractures. He states since the accident his; 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.; Positive for myalgias, back pain, arthralgias and neck pain. Negative for joint swelling and neck stiffness.  Skin: Negative for color change and rash. Cervical back: He exhibits decreased range of motion and 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

R/O pinched nerves and surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; A few yrs; There has been treatment or conservative therapy.; pain radiculopathy; pt anti inflammatories

Radiology Services Denied Not Medically Necessary

SEVERE MIGRANE GREATER THAN 7MON. RIGHT SIDE IS WORSE THAT LEFT; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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

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.; 01/2015; There has not been any treatment or conservative therapy.; back pain numbness and radiates to right arm

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; 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.;

Radiology Services Denied Not Medically Necessary

The patient has tried heat, massage, home PT and stretching exercises as well as anti-inflammatory medication and prescription hydrocodone. Despite the above treatment measures, the patient still has a lot of pain. It is difficult for her to rest at night; 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

therapy made her pain worse; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She continues to have trouble with numbness and tingling in the upper extremities and trouble with 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

This is a request for cervical spine MRI; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; Follow-up to Surgery or Fracture within the last 6 months; ; 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; 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?

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; 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; Patient has audible popping and decreased ROM on extention in neck. He has Cervical Rad. His symptoms are worsening. He has taken Ibuprofin, meloxicam and Celebrex and none of those relieved his sx.; 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; Patient with new onset of tingling down left arm. Has been the hospital for cardiac workup. X-ray of cervical spine reveals degenerative disc disease and bone spurs at multiple levels. Need MRI for further review.; 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; prednisone pack, tingling and numbness in back, takes over the counter Ibuprofen,; 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; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; PAIN WITH RANGE OF MOTION IN NECK WITH FORWARD REFLECTION, EXTENSION AND ROTATION.; 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; The reason for ordering this test is Neurologic deficits

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.; <Enter Additional Clinical Information>

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

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.; <Enter Additional Clinical Information>

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.; Musculoskeletal:: Ambulation: ambulating normally. Joints, Bones, and Muscles: limited ROM (cerv spine) and tenderness (C4-7). Gait and Station: normal station and gait; OMT: ; Upon examination the patient is presenting bilateral pain in body region of cer

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.; Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: no contractures, malalignment, or bony abnormalities and limited ROM (cerv spine) and tenderness (C3-6 on left). Extremities: no cyanosis, edema, varicosities,

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.; n/a

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 had xray, radiologist recommending mri, degenerative changes noted.

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 seen in clinic on 7/06/2015 and 7/13/2015, for pain in right shoulder going down arm, patient has been prescribed steroid, anti-inflammatory, muscle relaxer, and two different pain meds, patient states pain in not getting any better, cspi

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 numbness and tingling to right hand, pain while moving neck, turning over in bed, and changing directions

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.; n/a

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a neurological defecit; The pain did NOT begin within the past 6 weeks.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; It is not known if the pain began within the past 6 weeks.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past four (4) months the patient had six (6) weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Trauma or recent injury; 6/2014 Motorcycle accident; limited range of motion of neck; pain in back and neck; 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; motor vehicle accident on 8/5/15; 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; Musculoskeletal: She exhibits no edema. ; Right shoulder: She exhibits decreased range of motion and pain. ; Left shoulder: She exhibits decreased range of motion and pain. ; Right hip: She exhibits decreased range of motion. ; Left hip: She exhibits decr; 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; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

Radiology Services Denied Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 month; There has been treatment or conservative therapy.; neck and back pain, both arms are numb, radicular bi-lateral leg pain and numbness; Physical Therapy and anti inflammatory medicine to r/o osteoparitis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/20/15; There has been treatment or conservative therapy.; chronic pain; medications treatment , anti inflammatory

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for a neurological disorder.; 07/27/2015; There has been treatment or conservative therapy.; Neck and back pain with radiculopathy. Numbness and tingling.; Home exercise and medications. Anti inflammatory medication.

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.; left sided facial pain unknown; This study is being ordered for trauma or injury.; 8/28/2015 tree limb fell on him; There has been treatment or conservative therapy.; neck pain, back pain, has trouble raising arm.; Physical therapy 3x week for 3 weeks, muscle relaxers. PT did not help.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

UNNKNOWN; This study is 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.; complaining of worsening neck and lower back pain; has paresthesias in R arm and radiation of pain into R buttock; MEDICATION THERAPY AND PHYSICAL THERAPY

Radiology Services Denied Not Medically Necessary

we are wanting to get a detailed view of the pt's problem is; This study is being ordered for trauma or injury.; 06/20/2014; There has been treatment or conservative therapy.; NECK PAIN, AND UPPER AND LOWER BACK PAIN WITH SOME NUMBNESS THAT RADIATES TO HER HANDS; PT HAS COMPLETED 6-8 WEEKS OF PHYSICAL THERAPY WITHOUT ANY SUCCESS.

Radiology Services Denied Not Medically Necessary

Will fax clinical notes; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; Shoulder pain, radiculopathy left arm; PT

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."; Pt with known chiari malformation being evaluated for syringomyelia

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 05/2015; There has not been any treatment or conservative therapy.; tingling, numbness to both arms, fatigue, neck pain, headaches, limited range of motion in arms (can't raise up all the way), when arms are raised she feels tingling within 30 seconds

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Spinal blocks past 4 years;   defecated disk l spine   Bulging disk c spine  scoliosis t spine; Anti-inflammatory; pain meds; nerve blocks; at home exercise

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pain shots & amp; steroids meds, physcial therapy

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2014; There has not been any treatment or conservative therapy.; lumbago with sciatica

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/1/2015; There has been treatment or conservative therapy.; low back pain w/radiation.; X rays, medications

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/18/2015; There has been treatment or conservative therapy.; passing out and neck and back pain, severe headaches.; medications,

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 presented 10/21/2013; There has been treatment or conservative therapy.; chronic back pain, bulging and herniated discs, nerve impingement in neck, stenosis. MRI peromed 2012 of the spine shows abnormalities in all sections of spine.; Pain meds, PT

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 15 years ago; There has been treatment or conservative therapy.; low back pain in the lumbar and thoracic  pain and numbness in right lower leg  worse when walking; tried over the counter medications  started on patches 8/31/2015  Lyrica 8/31/2015

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; right shoulder pain, popping worse with movement in shoulder; medication, physical therapy

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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; Trauma 02/01/2015; There has been treatment or conservative therapy.; Continues to have pain, continue to take meds, patient was last seen on 21st, seen 2x; Flexoril, 8/17/15 STEROID SHOT< IB 800MGS x 8hrs  Ultram 50mg veery 4-6 hrs prn pain, x-ray (normal) scoliosis, slight s shape on t spine ; 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 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.; 02/10/15; There has been treatment or conservative therapy.; She reports back pain. she reports that pain is in the thoracic region but she is having pain in the lumbar region. She reports that pain radiates into the hips. She reports that she has numbness of the great toes bilateral. She reports that activity make; ibuprofen 800mg for 6 weeks and in home supervised physical therapy. symptoms worsed with activity. Ibuprofen was not effective

; This study is 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; It is not known if there has been any treatment or conservative therapy.; Patient complaining of pain. Upon physical exam patient reports tenderness over spine and into intrinsic muscles of the C-Spine. There is also tenderness into Mid-line T-Spine and paraspinal muscles. Patient has poor posture and states it hurts to sit str

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; back pain not improved with chiropractor; There has been treatment or conservative therapy.; lower back pain; Chiropractor visits

Radiology Services Denied Not Medically Necessary

; This study is 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 m is a 47 year old White female. The patient is here for a follow-up visit. Patient is here for medication refills.   HPI:   Patient to be evaluated for low back pain. The discomfort is m; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Infm is a 47 year old White female. The patient is here for a follow-up visit. Patient is here for medication refills.   HPI:   Patient to be evaluated for low back pain. The discomfort is ; Describe treatment / conservative therapy here - or Type In Unknown If No Infom is a 47 year old White female. The patient is here for a follow-up visit. Patient is here for medication refills.   HPI:   Patient to be evaluated for low back pain. T

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Greater than 2 months ago.; There has been treatment or conservative therapy.; back pain; No improvement with muscle relaxers and 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.; Patient has chronic pain in her mid to lower back and she has been diagnosis with bulging disc in her past. We are just making sure that things have not gotten worse enough for patient to be sent to neurosurgeon. We cannot send them unless they have MRI; There has been treatment or conservative therapy.; Neck pain and stiffness and chronic mid to lower back pain. Has difficulty bending and straightening back up. Pain radiating into her hip area.; Home exercises have been given to the patient. Instructed to use heat and ice and anti-inflammatory medication.

Radiology Services Denied Not Medically Necessary

Had an mri in 2012.; This study is being ordered for Inflammatory/ Infectious Disease.; 4/2012; There has been treatment or conservative therapy.; Back pain radiating down thru the legs.; Pain medication with no relief. Exercises at home.

Radiology Services Denied Not Medically Necessary

It is not known if the patient has 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.; The patient is experiencing sensory abnormalities such as numbness or tingling.; Enter Additional Clinical InformCC:  Mike is a 62 year old White male. He presents with.   HPI:   Mike presents with mid back pain. The discomfort is most prominent in the lower thoracic spine. It does not radiate. He characterizes it as intermi

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.; kyphosis, to rule out fracture/compression PAIN TO BOTH THORACIC AND LUMBAR  abnormal X-RAY thoracic spine

Radiology Services Denied Not Medically Necessary

Mbr has scoliosis this is to prepare for visit with neuro; 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 not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

MDO wants to refer to Neurosurgeon after 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.; Neck Pain, R Shoulder pain and radiation and numbness, losing muscle mass. One arm bigger than the other. Patient dropping things or use R hand. Patient is right handed.; Orthopedist.

Medicines given as listed. Seek medical attention if worsens or not improving over the next 24-48 hours. Medication warnings, risks, and benefits were discussed. The patient indicated that all questions were answered to the patient's satisfaction. The pat; This study is being ordered for a neurological disorder.; Onset: 1 month ago. The problem is fluctuating. It occurs persistently. Location of pain is middle back and lower back. There is no radiation of pain. The patient describes the pain as an ache and sharp. Context: no injury. Symptoms are aggravated by sitti; There has been treatment or conservative therapy.; Onset: 1 month ago. The problem is fluctuating. It occurs persistently. Location of pain is middle back and lower back. There is no radiation of pain. The patient describes the pain as an ache and sharp. Context: no injury. Symptoms are aggravated by sitti; Mobic 15 mg tablet; take 1/2 - 1 tablet (15MG) by oral route every day as needed for pain; 06/18/2015; 08/03/2015; N; Flexeril 10 mg tablet; take 1 tablet (10MG) by oral route 3 times every day PRN for muscle spasm; 06/18/2015; 08/03/2015; N

Radiology Services Denied Not Medically Necessary

NO; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; NO; MEDICATIONS, XRAYS, PT, REST

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for trauma or injury.; Aug 3rd , 2015; There has been treatment or conservative therapy.; pt has lower back pain radiating down left leg.; Pain meds , tramadol.

Radiology Services Denied Not Medically Necessary

pain getting worse with 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.; 07/01/2015; There has been treatment or conservative therapy.; back pain, neck pain , numbness into fingers and both arms , tenderness; Medication , Home Exercise

Radiology Services Denied Not Medically Necessary

pain/numbness is effecting quality of life; This study is being ordered for a neurological disorder.; 09/29/2014; There has been treatment or conservative therapy.; pain in neck, shoulders and mid upper back. numbness radiates down bilat arms.; patient has preformed greater than 2 mo of physical therapy exercises plus medication for relief including nsaid, pain medication, muscle relaxer. all with no relief of sx.

Radiology Services Denied Not Medically Necessary

patient in servere pain without positive response to medication or therapy; This study is being ordered for trauma or injury.; 05-01-2015; There has been treatment or conservative therapy.; low back pain and seems to be radiating up into the thoracic area. Ranks the pain as 4-8/10. localized to the low back and does not radiate. Pain is made worse by laying down or prolonged sitting.; pt was given 6 weeks of anti-inflammatory medication and did in home therapy

Radiology Services Denied Not Medically Necessary

patient MRI in 2013 showed multi-level disc protrusion, stenosis, degenerative disc disease to thoracic 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.; May 6, 2015; There has been treatment or conservative therapy.; mid/low back pain, racicular pain to both lower extremities, numbness/tingling in mid back area; NSAIDS, oral steroids, back exercises, narcotic pain relievers and muscle relaxers

Radiology Services Denied Not Medically Necessary

Patient requests to have Chiropractic Evaluation, which requires additional 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.; 2/26/2015; There has been treatment or conservative therapy.; Back Pain, Stiffness, Muscle Aches, Loss of Strength; Patient Failed Physical Therapy, Anti-inflammatory (Both OTC and RX strength), Steroid therapy (PO and Injectable), Muscle Relaxant Therapy

Radiology Services Denied Not Medically Necessary

Pt can only do limited activity due to the back pain. Pain is affected her job.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/15/15; There has been treatment or conservative therapy.; back pain with left sided sciatica; pain medication, muscle relaxers, heat, ice, NSAIDS.

Radiology Services Denied Not Medically Necessary

Pt has not been seen in our Clinic since 2010. Pt has just now returned to our Clinic and established with Dr. Fletcher on 8-10-15. Pt complained of pain radiates down right leg and has continued to get worse after a tractor accident in 2013 where he injur; This study is being ordered for a neurological disorder.; Back in 2012 but has continued to worsen.; It is not known if there has been any treatment or conservative therapy.; Radiating severe pain with radiculitis to Right leg.

Radiology Services Denied Not Medically Necessary

Sciatic pain from hip to back, agitated by 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.; 07/08/2015; There has been treatment or conservative therapy.; Sciatic pain from hip to back, agitated by physical therapy.; Physical therapy

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.; came in for severe back pain on top of his chronic LBP. he accidentally twisted his back when he was reaching for something in his truck and tried to handed to his son. He heard his back popped, and fell. He got bruised on his Left upper back. The pain is; 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.; n/a; 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.; 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.; 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.; Patient currently having back pain, no relief from pain medications or steroids. Patient has scoliosis.

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.; Pt had a 4 wheeler accident 1 yr ago, has had upper back pain ever since, worsened over 6 months. Pt was given anti-inflammatories and steroids (oral)

Radiology Services Denied Not Medically Necessary

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; Abnormal X-ray finding appears to be a possible compression fracture in the T6 area of the spine. Need MRI for further review.

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 states that she was ran over by a cow and now has knee and back pain.; This study is being ordered for trauma or injury.; 08/21/2015; There has been treatment or conservative therapy.; spasm/tenderness of paraspinal muscles. tender knee medial/lateral joint lines. swelling/tenderness of skin of knee area noted.; Toradol and celestone injection.

Radiology Services Denied Not Medically Necessary

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.; n/a

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

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.

Radiology Services Denied Not Medically Necessary

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.; <Enter Additional Clinical Information>

Radiology Services Denied Not Medically Necessary

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.; failed therapy  Patient has been on pain meds

Radiology Services Denied Not Medically Necessary

This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.

Radiology Services Denied Not Medically Necessary

This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.

Radiology Services Denied Not Medically Necessary

This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks. unknown; This study is being ordered for a neurological disorder.; 07/27/2015; There has been treatment or conservative therapy.; Neck and back pain with radiculopathy. Numbness and tingling.; Home exercise and medications. Anti inflammatory medication.

Radiology Services Denied Not Medically Necessary

Using walker for about 6 mos due to back pain and leg numbness; This study is being ordered for a neurological disorder.; n/a; There has been treatment or conservative therapy.; Back pain Leg numbness; EMG

Radiology Services Denied Not Medically Necessary

we are wanting to get a detailed view of the pt's problem is; This study is being ordered for trauma or injury.; 06/20/2014; There has been treatment or conservative therapy.; NECK PAIN, AND UPPER AND LOWER BACK PAIN WITH SOME NUMBNESS THAT RADIATES TO HER HANDS; PT HAS COMPLETED 6-8 WEEKS OF PHYSICAL THERAPY WITHOUT ANY SUCCESS.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2005; There has been treatment or conservative therapy.; burning pain upper and lower back shoulder not over the head tinkling feet cramp; lots of medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 5/22/2013 Back pain and the neck pain; There has not been any treatment or conservative therapy.; weakness  numbness  radiculopathy neck pain and back pain

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Neck and back pain for over 2 years; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Spinal blocks past 4 years;   defecated disk l spine   Bulging disk c spine  scoliosis t spine; Anti-inflammatory; pain meds; nerve blocks; at home exercise

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pain shots & amp; steroids meds, physcial therapy

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pt, medications, heat

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2014; There has not been any treatment or conservative therapy.; lumbago with sciatica

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 17 mos; There has been treatment or conservative therapy.; pain, swelling, weakness in lower extremities, headaches w/numbness; meds, pt,

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 LIMITED RANGE OF MOTION; OVER THE COUTER MEDIATIONS

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/5/2014; There has been treatment or conservative therapy.; NECK PAIN BACK PAIN LUMBAR RADICLULAPOTHY; PAIN MEDICATIONS, MUSCLE RELAXER, ANTI-INFLAMMATORY, STERIODS

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; Pain numbness and tingling; exercise ,medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/23/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Injections

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/1/2015; There has been treatment or conservative therapy.; low back pain w/radiation.; X rays, medications

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/18/2015; There has been treatment or conservative therapy.; passing out and neck and back pain, severe headaches.; medications,

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/15/2015; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 2015; There has not been any treatment or conservative therapy.; BACK PAIN

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 presented 10/21/2013; There has been treatment or conservative therapy.; chronic back pain, bulging and herniated discs, nerve impingement in neck, stenosis. MRI performed 2012 of the spine shows abnormalities in all sections of spine.; Pain meds, PT

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 15 years ago; There has been treatment or conservative therapy.; low back pain in the lumbar and thoracic  pain and numbness in right lower leg  worse when walking; tried over the counter medications  started on patches 8/31/2015  Lyrica 8/31/2015

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 been treatment or conservative therapy.; N/a; Pain management

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 date; There has been treatment or conservative therapy.; pain numbness and weakness; steroid and pain medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 - or Type In Unknown If No Info Given >;

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/8/2010; There has not been any treatment or conservative therapy.; spasm ridiculopathy

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; Trauma 02/01/2015; There has been treatment or conservative therapy.; Continues to have pain, continue to take meds, patient was last seen on 21st, seen 2x; Flexoril, 8/17/15 STEROID SHOT< IB 800MGS x 8hrs  Ultram 50mg veery 4-6 hrs prn pain, x-ray (normal) scoliosis, slight s shape on t spine

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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

; 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 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 have new or changing neurologic signs or symptoms.; There is weakness.; burning/electric pain that radiates down the posterior aspect of both of his 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

; The study 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.; DocMild disc space narrowing suspected at L2-3, L5-S1 levels; exam findings; 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.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lower back and extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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 FELL RECENTLY DUE TO LEG WEAKNESS. PAIN RADIATING DOWN RIGHT LEG. LS XRAY INDICATES LS SPONDYLOSIS.; The patient does not have new signs or symptoms of 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.; 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; The 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.; 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.; Skelaxin; Tylenol #3

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.; 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 relieve symptoms.

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.; moderate intensity in leg,aggravating symptoms include walking and standing,radiating pain down left thigh; The patient does not have new signs or symptoms of 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

; 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.

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.; 6/19/2015; There has been treatment or conservative therapy.; Numbness, bi-lateral leg pain.; Physical therapy. Pain medications, Hydrocodone. Reducing activity.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 8/11/2015; There has been treatment or conservative therapy.; radiating pain from cervical and lumbar spine; at home lumbar strengthening exercises along with anti inflammatory medication

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; months ago; There has been treatment or conservative therapy.; pain in neck with numbness down left arm; pain in lower back with numbness down right leg; patient has been to chiropractor and has been to physical therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Congenital Anomaly.; Birth; There has been treatment or conservative therapy.; Increasing pain in neck and back for past three years. Prior abnormal MRI in July 2014.; Patient has been treated with muscle relaxers, but pain is increasing.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known 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.; 02/10/15; There has been treatment or conservative therapy.; She reports back pain. she reports that pain is in the thoracic region but she is having pain in the lumbar region. She reports that pain radiates into the hips. She reports that she has numbness of the great toes bilateral. She reports that activity make; ibuprofen 800mg for 6 weeks and in home supervised physical therapy. symptoms worsed with activity. Ibuprofen was not effective

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-9-2013; There has been treatment or conservative therapy.; PAIN AT REST AND LYING DOWN, LBP, HIP PAIN; HIP REPLACEMENT, THERAPY, 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.; back pain not improved with chiropractor; There has been treatment or conservative therapy.; lower back pain; Chiropractor visits

Radiology Services Denied Not Medically Necessary

; This study is 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 m is a 47 year old White female. The patient is here for a follow-up visit. Patient is here for medication refills.   HPI:   Patient to be evaluated for low back pain. The discomfort is m; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Infm is a 47 year old White female. The patient is here for a follow-up visit. Patient is here for medication refills.   HPI:   Patient to be evaluated for low back pain. The discomfort is ; Describe treatment / conservative therapy here - or Type In Unknown If No Infom is a 47 year old White female. The patient is here for a follow-up visit. Patient is here for medication refills.   HPI:   Patient to be evaluated for low back pain. T

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Greater than 2 months ago.; There has been treatment or conservative therapy.; back pain; No improvement with muscle relaxers and pain 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.; Patient has chronic pain in her mid to lower back and she has been diagnosis with bulging disc in her past. We are just making sure that things have not gotten worse enough for patient to be sent to neurosurgeon. We cannot send them unless they have MRI; There has been treatment or conservative therapy.; Neck pain and stiffness and chronic mid to lower back pain. Has difficulty bending and straightening back up. Pain radiating into her hip area.; Home exercises have been given to the patient. Instructed to use heat and ice and anti-inflammatory medication.

Radiology Services Denied Not Medically Necessary

2 week history of worsening back pain with radiation to leg. Failed NSAIDS.; 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

abnormal xray l4-5 narrowing, low back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

back 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

back pain and OTC and pain meds not working; The study 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

Back Pain; Reported by patient; Location: pain is not radiating; low back; Quality: sharp; Severity: same; Duration: acute; Onset/Timing: 4weeks ago; Context: unusual activity; Alleviating Factors: rest; Aggravating Factors: movement/positioning; 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

back pain, patient has been on meds but no 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

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.; Muscle spasm radiating down L side.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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

BACK PAIN; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; EVALUATION WITH PAIN MGMT DR. KHAN FOR EVALUATION FOR CERVICAL TPI AND GREATER OCCIPITAL NERVE BLOCKS; F/U; ORDERED CERVICAL SPINE MRI AND LUMBAR SPINE MRI WITHOUT CONTRAST FOR RADICULOPATHY WITH NECK AND LOW BACK PAIN; MEDICATION AND EXERCISES

Radiology Services Denied Not Medically Necessary

because of complaint of facial numbness and headache, will obtain MRI of the brain. we'll also obtain MRI of the L and C-spine because of her complaint of radiculopathy type pain. We'll try diclofenac for pain and discontinue Mobic. She will follow up ; This study is being ordered for a neurological disorder.; 4 years ago; There has been treatment or conservative therapy.; patient is here to follow-up on her lower back pain. Mobic was not helpful. she also complains of chronic intermittent numbness on the right side of her scalp and face she has neck pain at times. She has no radiation of the pain into her shoulders or a; Medication Name; Sig Desc; Start Date; Stop Date; Refilled; Calcium 600 + D(3) 600 mg-125 unit tablet; take 1 tablet by oral route every day; 03/02/2014; ; Premarin 0.625 mg/gram vaginal cream; Insert 0.5mg intravaginally twice a week.; 08/21/2014; 0

Radiology Services Denied Not Medically Necessary

bilateral lower extremity pain, foot numbness, unable to sleep.; 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

burning sensation, traveling down 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

bypass; 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 Bypassed after first question; 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.

Radiology Services Denied Not Medically Necessary

Bypassed for Clinical Submission; 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

Radiology Services Denied Not Medically Necessary

Bypassed; 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

C/O WORSENING RIGHT LS PAIN; PAIN IS UNBEARABLE; 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

Caller bypassing clinical.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Caller bypassing clinical.; It is not known if there has been any treatment or conservative therapy.; Caller bypassing clinical.

Radiology Services Denied Not Medically Necessary

chronic low back pain. was followed by pain dr in another state and now wishes to be referred to one in Arkansas. Has to have mri to be referred. previous records are not available at this time; 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

Decreased range of motion, tenderness, and spasm.; 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

Difficulty walking, upper leg pain, no relief from medication, back pain radiating down both legs for 2 months. Limited ROM due to 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

Enter answer here - or Type ; chronic, but intermittent problem with an acute exacerbation. Aggravating factors contributing to the back pain with repetitive lifting with back strain. The pain worsens with back flexion and back extension.; 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 ; low back pain with radiculopathy had some numbness in left toes three four and five; 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

Fall, pain limiting movement. Hard standing and bending.; 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

gabapentin with no results. back pain radiating down 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

Gene at IP requesting to skip clinical questions will have MDO complete; 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

Had an mri in 2012.; This study is being ordered for Inflammatory/ Infectious Disease.; 4/2012; There has been treatment or conservative therapy.; Back pain radiating down thru the legs.; Pain medication with no relief. Exercises at home.

Radiology Services Denied Not Medically Necessary

HAS HAD LOW BACK PAIN FOR THE PAST FEW YEARS  FELT A POP IN HER 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

has had PT and pain injection shots; The study 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.; cerv radiculopathy and weakness in 4th and 5th fingers on the right hand; The patient does not have new signs or symptoms of 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

Having low back pain and only able to attend 3 physical therapy appointments.; 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 taking ibuprofen without benefit. He has taken pain medication in the past. He reports that pain is worse with increased activity. Denies anything that makes the pain better.; The study 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 having trouble standing and often feels like he is going to fall; The patient does not have new signs or symptoms of 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

Heat, and Physical therapy. Aggravated by standing long periods of time.Radiculopathy. Bi lateral 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 hip pain and lower extremity 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

history of fracture 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

Radiology Services Denied Not Medically Necessary

history of scoliosis with spinal stenosis.; 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 stones, pain in back that radiates into the leg, just meds: citalopram , no cons treatment; 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

Radiology Services Denied Not Medically Necessary

hx of bulging disk 2-3 years, pain inc last 2-3 months, OTC ns aids and home therapy w/o 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.; 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

INJURY CAUSED ONGOING PAIN; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above Intervetebral disk prolapse with back 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

LBP; The study 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 mid 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.

Radiology Services Denied Not Medically Necessary

Left flank pain with arthralgias, recurrent left back pain, joint stiffness and limb pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

leg numbness, shoulder pain, decrease sensation to both legs, unable to stand for 20 minutes had injections with no relief; 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

Limited ROM, and 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.; about 7 years ago, was seeing a neurologist in NY and was having PT but insurance ran out.; There has not been any treatment or conservative therapy.; The patient low back pain, arthralgia, weakness, numbness, sleep disturbance, blurred vision and sciatica. Weakness/numbness in lower extremities.

Radiology Services Denied Not Medically Necessary

low back pain radiating down right leg no relief with nsaid's taken OTC - numbness to right upper thigh to knee; This study is being ordered for a neurological disorder.; low back pain for several years with the most recent flare up of 5 months; It is not known if there has been any treatment or conservative therapy.; right lower back pain that radiates into thighs, constant, sharp, throbbing, aching & burning; she tripped and fell about 5 months ago causing flare up; radicular right hip/leg pain; swelling above hip joint; decreased range of motion with right hip flexion

Radiology Services Denied Not Medically Necessary

Low back pain spasms, pain radiating to hips, legs, neck, and bilateral arms.; 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, unable to sleep at night due to the pain. Lower back exhibited tenderness on palpation. Pain is consistent with irritated disc in lower back. Patient has failed anti-inflammatories.; 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 and lumbar canal stenosis.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
Lower back pain going down the leg, has been taking medication not getting 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

Lower back pain with left leg numbness. No recent injuries or trauma. Lumbar spasm/strain.; 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 disc disease with myelopathy (722.73). we'll obtain mri of the spine since she is complaining of back pain with radiation into her legs. She is also scheduled for mammogram and she has not had one in about 2 years. Ultrasound scheduled for augus; The study 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

Lumbar pain radiating to right lower extremity. c/o weakness and numbness to right 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

lumbar pain w/dd change; hx compression fx; no relief from pain med; 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

MDO bypassed the clinical questions.; 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

Radiology Services Denied Not Medically Necessary

MDO wants to determine if there is any injury to the back and any contribution to the brain that is causing the seizures.; This study is being ordered for trauma or injury.; April 2015; There has not been any treatment or conservative therapy.; Pt is having numbness, no feeling, dizziness, back pain and has had seizures since the fall.

Medicines given as listed. Seek medical attention if worsens or not improving over the next 24-48 hours. Medication warnings, risks, and benefits were discussed. The patient indicated that all questions were answered to the patient's satisfaction. The pat; This study is being ordered for a neurological disorder.; Onset: 1 month ago. The problem is fluctuating. It occurs persistently. Location of pain is middle back and lower back. There is no radiation of pain. The patient describes the pain as an ache and sharp. Context: no injury. Symptoms are aggravated by sitting; There has been treatment or conservative therapy.; Onset: 1 month ago. The problem is fluctuating. It occurs persistently. Location of pain is middle back and lower back. There is no radiation of pain. The patient describes the pain as an ache and sharp. Context: no injury. Symptoms are aggravated by sitting; Mobic 15 mg tablet; take 1/2 - 1 tablet (15MG) by oral route every day as needed for pain; 06/18/2015; 08/03/2015; N; Flexeril 10 mg tablet; take 1 tablet (10MG) by oral route 3 times every day PRN for muscle spasm; 06/18/2015; 08/03/2015; N

Radiology Services Denied Not Medically Necessary

Musculoskeletal: Musculoskeletal: arthralgias/joint pain and back pain (decreased range of motion of thoracic and lumbar spine).; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Musculoskeletal: Motor Strength and Tone: normal. Joints, Bones, and Muscles: tenderness and limited ROM; bilateral lumbar spine tenderness to palpation. decreased range of motion to side bending and rotation. hypertonicity to bilateral lumbar paraspinal; 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

neuritis; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; Cervical back and lumbar back pain; physical therapy in 2012 with no improvement and also epidural injections in 2012-2013

Radiology Services Denied Not Medically Necessary

NO; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; NO; MEDICATIONS, XRAYS, PT, REST
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.; LROM, 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

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.; 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

none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

none; 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

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.; 2013; There has been treatment or conservative therapy.; Pt c/o pain and leg weakness and pain in neck that radiates down his arm.; Steroids and OTC with no help.

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.; 6/16/15; There has been treatment or conservative therapy.; back pain; medication, 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.; a year ago; There has been treatment or conservative therapy.; knee and back pain, bilateral back pain that radiates into legs, and gets worse with activity; PT

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.; Na; 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.; Aug 3rd , 2015; There has been treatment or conservative therapy.; pt has lower back pain radiating down left leg.; Pain meds , tramadol.

Radiology Services Denied Not Medically Necessary

numbness and pain in feet  swelling  feels like a bone going to the floor patient cut his foot and did't realize  loss of feeling in both of his feet; 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 bilateral upper and lower extremities; This study is being ordered for trauma or injury.; 07/23/2014; There has been treatment or conservative therapy.; Neck Pain, Low Back Pain, Numbness in extremities; Evaluation and treatment to date includes muscle relaxants, OTC analgesics, narcotic analgesics, physical therapy and epidural steroid injection.

Radiology Services Denied Not Medically Necessary

numbness and tingling 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 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

numbness in 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

old injury patient has back pain; 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

Ongoing lower back pain with no 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

Radiology Services Denied Not Medically Necessary

ongoing pain several months radiating down 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

pain and symptoms have not been relieved after 6 weeks of conservative therapy; This study is being ordered for a neurological disorder.; 05/29/2015; There has been treatment or conservative therapy.; back pain and right shoulder pain; medication and physical therapy

Radiology Services Denied Not Medically Necessary

pain getting worse with 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.; 07/01/2015; There has been treatment or conservative therapy.; back pain, neck pain , numbness into fingers and both arms , tenderness; Medication , Home Exercise

Radiology Services Denied Not Medically Necessary

pain in lumbar spine for several years; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

PAIN, NUMBNESS AND TINGLING; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; 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

Patient complains of low back pain. The discomfort is most prominent in the left, mid lumbar spine. This radiates to the left buttock and left posterior thigh. He characterizes it as intermittent and moderate in intensity. This is an acute episode wit; 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 complains of low back pain. The discomfort is most prominent in the left, mid lumbar spine. This radiates to the left buttock and left posterior thigh. He characterizes it as intermittent and moderate in intensity. This is an acute episode 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

patient had a MRI of the lumbar spine in 2013 showing a bulging disc but patient did not have left leg radicular pain that was ongoing at that time. She has developed urinary retention in the last 1 month suggesting that she has either a new level of the ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient had trauma to back and now has 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

Patient has back pain and has difficulty walking.; 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 back pain.; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

Patient has been having weakness and numbness in her legs with severe back pain. Dr. Perser has done another exam and feels that she has spinal stenosis.; 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 on muscle relaxers/naproxen since 08/19/15 with no relief. Has tried moist heat as well.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient has chronic back pain, which is radiating down both legs, the left side worse, pain is getting worse, patient had MRI 10 years ago he stated but no records available for review since he can't get old records, we need to start at the beginning and ; 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 ddd of lumbar spine, low back pain and muscle spasms to 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

Patient has had pain since 08/20/15. She has had a trial of medicine/heat/rest since then and it has not improved. She has weakness with right leg numbness. Pain while walking with no previous back problems.; 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 radiculopathy and low back pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
patient has reducular bylateral leg pain, restless leg symptoms and vircus vains.; 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 having bilateral leg pain 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

Radiology Services Denied Not Medically Necessary

Patient having ongoing back pain up upper and lower back, has had no relief from any medication, xrays are 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.; 10-13-14 was the initial complaint.; There has been treatment or conservative therapy.; continuous back pain, does report shooting pain in arm occasionally.; steroid and pain medications

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

patient in severe pain without positive response to medication or therapy; This study is being ordered for trauma or injury.; 05-01-2015; There has been treatment or conservative therapy.; low back pain and seems to be radiating up into the thoracic area. Ranks the pain as 4-8/10. localized to the low back and does not radiate. Pain is made worse by laying down or prolonged sitting.; pt was given 6 weeks of anti-inflammatory medication and did in home therapy

Radiology Services Denied Not Medically Necessary

patient is having hip pain radiating from right leg to the knee; 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 MRI in 2013 showed multi-level disc protrusion, stenosis, degenerative disc disease to thoracic 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.; May 6, 2015; There has been treatment or conservative therapy.; mid/low back pain, radicular pain to both lower extremities, numbness/tingling in mid back area; NSAIDS, oral steroids, back exercises, narcotic pain relievers and muscle relaxers

Radiology Services Denied Not Medically Necessary

Patient Name Sex DOB Scantling, Charles P Male 6/13/1981; Study Result Final; INTERPRETATION; CT SCAN OF THE LUMBAR SPINE WITHOUT CONTRAST 9/4/2015; CLINICAL HISTORY: Low back pain. History of lumbar surgery. Performed at 2.5 mm intervals; The study 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.; Musculoskeletal: Positive for back pain. Neurological: Positive for numbness. He exhibits decreased range of motion, tenderness and spasm Aching and burning Radiates to: L posterior upper leg Chronicity: New Associated symptoms: numbness; Patient Name Sex

Radiology Services Denied Not Medically Necessary

Patient requests to have Chiropractic Evaluation, which requires additional 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.; 2/26/2015; There has been treatment or conservative therapy.; Back Pain, Stiffness, Muscle Aches, Loss of Strength; Patient Failed Physical Therapy, Anti-inflammatory (Both OTC and RX strength), Steroid therapy (PO and Injectable), Muscle Relaxant Therapy

Radiology Services Denied Not Medically Necessary

Patient slipped on water and legs spread and patient fell. Patient now complains of low back pain with left lower extremity radiculopathy. Patient has normal lumbar x-rays.; 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 referred to a pain specialist for treatment but provider will not see without 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

Radiology Services Denied Not Medically Necessary

Pt can only do limited activity due to the back pain. Pain is affected her job.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/15/15; There has been treatment or conservative therapy.; back pain with left sided sciatica; pain medication, muscle relaxers, heat, ice, NSAIDS.

Radiology Services Denied Not Medically Necessary

pt fell from 16 feet onto the floor hurting his back and has pain that radiates to his lower 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.; pt has weakness and pain in his lower legs which we think could be from his 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.

Radiology Services Denied Not Medically Necessary

Pt had MRI done in 2011 which showed disc bulge. Pt has complained about increased back pain even with every day activities. pt had EMG/NCV lower extremities done which read "electrophysiological evidence of mild right sciatic entrapment neuropathy" Need ; 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 seeing a neurologist, recommended lumbar spine due to worsening 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 been treated by chiropractor for a year and takes NSAIDS, but pain continues to worsen; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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

Pt has failed PT and nsaid's and still having trouble; The study 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.; R leg weakness and tingling 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.

Radiology Services Denied Not Medically Necessary

Pt has had lumbar and cervical spine x-ray which were both negative. Abdominal 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.; chronic-initial date unknown; It is not known if there has been any treatment or conservative therapy.; Chronic neck and back pain, abdominal pain with tenderness and nausea, weight loss.

Radiology Services Denied Not Medically Necessary

Pt has not been seen in our Clinic since 2010. Pt has just now returned to our Clinic and established with Dr. Fletcher on 8-10-15. Pt complained of pain radiates down right leg and has continued to get worse after a tractor accident in 2013 where he injur; This study is being ordered for a neurological disorder.; Back in 2012 but has continued to worsen.; It is not known if there has been any treatment or conservative therapy.; Radiating severe pain with radiculitis to Right leg.

Radiology Services Denied Not Medically Necessary

pt has pain in back, more so when using 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

pt has ridiculapothy; 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 RIDICULAR LEFT LEG PAIN, PARATHESIA, PAIN RADIATES TO LEFT BUTTOCK, TO THIGH TO CALF, DOWN TO ANKLE AND FOOT  PT HAS HAS STEROID INJECTION THAT HAS NOT HELPED PAIN,  PAIN CONTINUES TO WORSEN, NOTHING HELPS WITH PAIN. PAIN WORSENS WITH FLEXION, B; The study 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.; deep tendon reflexes: 2/4 left patellar, 2/4 right patellar, 2/4 left Achilles, 2/4 right Achilles;

Radiology Services Denied Not Medically Necessary

Pt having low back pain was seen in er on 07-20-15 with neg Ct Stone Protocol. Neg xray .; 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 pt here on 7/6/15 with lower back pain, medication prescribed were Mobic, predisone, pain medications, and muscle relaxer, pt returns on 8/17/15 with no relief from medication, xray was done in clinic which was wnl.; 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 will be having this study done in conjunction with previous request Tracking number: 055450655. Patient fell from a ladder- pain is now in lower back and radiating down both hips to buttocks.; 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 pinched nerves; and surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; A few yrs; There has been treatment or conservative therapy.; pain; radiculopathy; pt; anti inflammatories

Radiology Services Denied Not Medically Necessary

Radiculopathy to the 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 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

Recent x-ray results note degenerative disc disease. Recommend MRI.; 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

right thigh numbness and burning taking some 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

Radiology Services Denied Not Medically Necessary

Sciatic pain from hip to back, agitated by 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.; 07/08/2015; There has been treatment or conservative therapy.; Sciatic pain from hip to back, agitated by physical therapy.; Physical therapy

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Seen 09/23/2015 as second opinion regarding back surgery; pain even when sitting; has had injections; 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

she very unsure of case; 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

Spine: Lumbar paraspinals tender bilat with POSITIVE straight leg raise on the right and 3/5 strength on right hip flexion and 5/5 on left, sensation intact throughout; 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.; Patient has done low back stretches and NSAIDs and failed treatment as of today. Started 08/03/15; Toradol, Lidoderm, Diclofenac, Hydrocodone, Tramadol

Radiology Services Denied Not Medically Necessary

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.; 01/2015; There has not been any treatment or conservative therapy.; back pain numbness and radiates to right arm

Radiology Services Denied Not Medically Necessary

straight leg positive bilateral, tenderness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; anti inflammatory

Radiology Services Denied Not Medically Necessary

tenderness to lumbosacral spine on palpation ,  home exercises discussed in plan; 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

tenderness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2015; There has been treatment or conservative therapy.; back pain w/o radiculopathy; Rx, back brace, TENS

Radiology Services Denied Not Medically Necessary

The Pt is in back pain. The Pt needs a neurosurgeon, but the surgeon wants an updated 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.; 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.; Acute or Chronic back pain; The patient does not have 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

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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.

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

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 month; There has been treatment or conservative therapy.; neck and back pain, both arms are numb, radicular bi-lateral leg pain and numbness; Physical Therapy and anti inflammatory medicine

Radiology Services Denied Not Medically Necessary

tingling in foot; back pain 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

Radiology Services Denied Not Medically Necessary

TO FIND OUT THE ETIOLOGY OF HER NEUROPATHY. PT IS HAVING ACUTE WORSENING 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.; PT HAS WEAKNESS IN BOTH LOWER EXTREMITIES, ALONG WITH NUMBNESS AND LOSS OF FEELING IN BACK OF LOWER EXTREMITIES; 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. to r/o osteoarthritis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/20/15; There has been treatment or conservative therapy.; chronic pain; medications treatment , anti inflammatory

Radiology Services Denied Not Medically Necessary

TRY TO FIND OUT WHY THE BACK IS HURTING; The study 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.; Neuro#x0D; Positive#x0D; Extremity weakness, Numbness in extremity.#x0D; MS#x0D; Positive#x0D; Back pain, Joint pain, Muscle weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.; low back pain that radiates down left leg, neck pain, left hip joint pain

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; 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

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.; lower extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.; stiffness 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.

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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks for shoulder; several years for lumbar spine; There has been treatment or conservative therapy.; Low back pain, right shoulder pain, and radiculopathy of the lumbar spine; Steroids, joint injections, pain medication, and surgery on her back

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 8/28/2015 tree limb fell on him; There has been treatment or conservative therapy.; neck pain, back pain, has trouble raising arm.; Physical therapy 3x week for 3 weeks, muscle relaxers. PT did not help.

Radiology Services Denied Not Medically Necessary

UNKNOW; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOW; There has been treatment or conservative therapy.; complaining of worsening neck and lower back pain; has paresthesias in R arm and radiation of pain into R buttock; MEDICATION THERAPY AND PHYSICAL THERAPY

Radiology Services Denied Not Medically Necessary

Unresolved back pain, MRI recommended for further evaluation, Had steroid injections and medications that has not provided relief for the patient; 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.

Radiology Services Denied Not Medically Necessary

Using walker for about 6 mos due to back pain and leg numbness; This study is being ordered for a neurological disorder.; n/a; There has been treatment or conservative therapy.; Back pain Leg numbness; EMG

Radiology Services Denied Not Medically Necessary

we are wanting to get a detailed view of the pt's problem is; This study is being ordered for trauma or injury.; 06/20/2014; There has been treatment or conservative therapy.; NECK PAIN, AND UPPER AND LOWER BACK PAIN WITH SOME NUMBNESS THAT RADIATES TO HER HANDS; PT HAS COMPLETED 6-8 WEEKS OF PHYSICAL THERAPY WITHOUT ANY SUCCESS.

Radiology Services Denied Not Medically Necessary

X-Ray Impression: Lumbar Spasm strain. Central endplate Schmod node like deformities throughout the thoracic and lumbar spine suspicious for underlying Scheuermann's disease or sickle cell 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

X-ray negative. severe back and leg 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

; 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

Radiology Services Denied Not Medically Necessary

coccyx pain, x-ray was abnormal showing a hook appearance.; 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
Radiology Services Denied Not Medically Necessary

Left groin pain x 4 days. Increases with walking or standing; 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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; Pain numbness and tingling; exercise ,medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/8/2010; There has not been any treatment or conservative therapy.; spasm ridiculopathy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known 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

pain is worsening..joint crepitus..clicking sounds in hips..crucial hip pain; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.

Radiology Services Denied Not Medically Necessary

PATIENTS PAIN IS WORSENING AND NOT GETTING BETTER.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/12/15; There has been treatment or conservative therapy.; WEAKNESS; HIP PAIN ; LOWER BACK PAIN; PATIENT HAS BEEN RECEIVING PAIN MEDICATION AND ANTI-INFLAMITORY MEDICATION FROM PRIMARY CARE PHYSICIAN.

Radiology Services Denied Not Medically Necessary

Pt has family history of prostate cancer.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

tenderness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2015; There has been treatment or conservative therapy.; back pain w/o radiculopathy; Rx, back brace, TENS

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

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

Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 7/30/2015; There has been treatment or conservative therapy.; Joint pain, tingling and numbness in hand and fingers. elevated lab values.; Nsaids, pain medication.

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; right shoulder/upper extremity pain; right arm drop; ROM limited with pain

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; shooting pain starting in neck going all the way down; physical therapy

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.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2015; There has been treatment or conservative therapy.; Pain, knee is moving to the ankle, problems sleeping along with joint tenders and swelling.  shoulder has limited range of motion.; PT, Rx meds ; This study is being ordered for trauma or injury.; June 2015; There has been treatment or conservative therapy.; Pain and tingling down the left arm radiating from the cervical spine. Numbness in fingers. Symptoms have worsened since initial therapy.; Pt has has home exercises along with cyclobenzaprine and hydrocodone acetaminophen

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

has had previous shoulder surgery on this shoulder and has re-injured it; 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.

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.; No clinicals available; It is not known if there has been any treatment or conservative therapy.; Unknown pain and symptoms have not been relieved after 6 weeks of conservative therapy; This study is being ordered for a neurological disorder.; 05/29/2015; There has been treatment or conservative therapy.; back pain and right shoulder pain; medication and physical therapy

Radiology Services Denied Not Medically Necessary

Patient has had two sessions of physical therapy, epidural steroid injection for neck and right shoulder, pain medication therapy and every the patient has tried has not helped. Patient is complaining of cervical pain and right shoulder pain. Symptoms a; This study is being ordered for trauma or injury.; 02/24/13; There has been treatment or conservative therapy.; right shoulder pain and cervical pain; Patient has had two sessions of physical therapy, epidural steroid injection for neck and right shoulder, pain medication therapy and every the patient has tried has not helped.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

PATIENT HAS LEFT SHOULDER PAIN THAT IS GOING UP INTO HER NECK FOR MORE THAN A WEEK. HER LEFT SHOULDER CATCHES WHEN SHE RAISES IT UP, PAINFUL WITH MOVEMENT.SHE IS HAVING PAIN WITH ABDUCTION.; 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

Patient is here with continued pain in her left shoulder and neck since having an MVA back in November, now it is affecting her being able to use her left arm, she is having weakness and crepitus with numbness and tingling as well which starts at the base; This study is being ordered for a neurological disorder.; Patient is here with continued pain in her left shoulder and neck since having an MVA back in November, now it is affecting her being able to use her left arm, she is having weakness and crepitus with numbness and tingling as well which starts at the base; There has been treatment or conservative therapy.; she is having weakness and crepitus with numbness and tingling as well which starts at the base of her neck.; Flexeril/Ultram used, has also been to a chiropractor and had home PT

Radiology Services Denied Not Medically Necessary

Shoulder pain for approximately 6 months; 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

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."; < Enter answer here - or Type In Unknown If No Info Given. >

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."; Decrease mobility joint tenderness, lifting moving or pushing worsens, going on for months

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."; Decreased range of motion and pain in shoulder. Not alleviated with anti-inflammatory medications

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."; hurting for two weeks, hit in the shoulder during football

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

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 has been having Rt. shoulder pain that has now started moving down the right side of her body. Dr. Perser is requesting she have a MRI

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 EXPERIENCING PAIN TO THE RIGHT SHOULDER AND THINKS IT MAY BE A TORN ROTATOR CUFF

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 IN A LOT OF PAIN WITH NO RELIEF.MEDS GIVEN.

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 stated pain started 6/24/15 and was seen in ER. The ER treated for pulled muscle. Pt still experiencing pain and need further testing for eval.

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 in accident approx 8 years ago where first injury to shoulder was noted. Pt stated he did not have any testing at that time. Since the accident, pt still experiences pain and aggravation with everyday activities. pt had xray performed on 8/13/15 wi

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; right shoulder pain , while working out, resting for a month or more using ns aids, tried some pt after that , taking Mobic 15mg q day , not getting better

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; SHOULDER PAIN WORSENING SINCE BOXING 11 DAYS AGO. RADICULOPATHY DOWN ARM MAKING HAND AND FINGERS NUMB. TRIGGER POINT AT LOWER NECK. LEFT ARM WEAKNESS. POSITIVE EMPTY CAN TEST AND NEERS TEST.

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Unknown

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.; Negative xray with ongoing pain for 8 months. Anterior and lateral pain with adduction and inward rotation

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 hematoma on right shoulder, severe pain, can not abduct shoulder at all.

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.; shoulder pain RT posterior worse with movement, worse with over head activities, chronic gradually getting worse.

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.; The pain is present in the left shoulder. The current episode started in the past 7 days. Associated symptoms include a 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.;

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >

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.; internal disruption.

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.; On the x-ray report there is documentation the humeral head projects over the glenoid fossa appropriately on the AP view, however confirmation of alignment cannot be performed on AP views only.

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

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, limited 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.; pt c/o left shoulder pain, pt c/o pain for many years and is worsening. pt states pain has kept him from resting at night for the last month. Musculoskeletal:: Joints, Bones, and Muscles: tenderness and limited ROM (left shoulder).

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.; R/O Bicep rupture

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.; R/O 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.; This patient has been complaining of persistent pain to his right shoulder since June 15th of 2015. He broke his clavicle on June 13th. Ronnie Pipkin can NOT move his arm very well. It is very painful for the patient. Dr. Barnett is looking to see if ther

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.; 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 not completed and failed a course of conservative treatment of at least 4 weeks.; unlimited range of motion/swelling/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 not had recent plain films of the shoulder.; Motorcycle accident, landed on shoulder.  MDO to evaluate

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The plain films were not normal.

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; Tramadol (Ultram) Cyclobenzaprine (Flexeril) Ketorolac (Toradol) IM one time only in hospital Orphenadrine (Norflex) IM one time only in hospital

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics.

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.

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 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.

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 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 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.

Radiology Services Denied Not Medically Necessary

Ulnar Neuropathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/18/2015; There has been treatment or conservative therapy.; Left shoulder and elbow pain with numbness radiating down the arm; Pt reports loss of strength in arm; Medrol Dose pack (steroid therapy); Steroid injections; Cock up splint; At home exercises; Narpoxen, Tizanidine, Tramadol PO treatment

Radiology Services Denied Not Medically Necessary

UNKNOWN; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 7/30/2015; There has been treatment or conservative therapy.; Joint pain, tingling and numbness in hand and fingers. elevated lab values.; Nsaids, pain medication.

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks for shoulder; several years for lumbar spine; There has been treatment or conservative therapy.; Low back pain, right shoulder pain, and radiculopathy of the lumbar spine; Steroids, joint injections, pain medication, and surgery on her back

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; right shoulder/upper extremity pain; right arm drop; ROM limited with pain

Radiology Services Denied Not Medically Necessary

Will fax clinical notes; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; Shoulder pain, radiculopathy left arm; PT

Radiology Services Denied Not Medically Necessary

large quantity of fluid and pain; 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

Possible sciatica nerve pain. Radiating pain down to the feet. Pain equals a 10 out of 10.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/15/2015; There has been treatment or conservative therapy.; Swelling, tingling, pain and unable to bear weight.; Started on Norco and other pain medications. Sent out for labs and ultrasounds.

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 suspicion of lower extremity bone or joint infection.

Radiology Services Denied Not Medically Necessary

Ultrasound showed PAD; 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

Yes, this is a request for CT Angiography of the lower extremity.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from 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.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.

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; 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 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 instructed to do home exercises to alleviate pain. Did not help. Pt is actually experiencing more pain, popping, and weak sensation in her knee.; The patient received oral analgesics.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 1-10-2012; There has been treatment or conservative therapy.; Increased pain with numbness and tingling in legs and feet; anti-inflammatory and pain meds

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; unknown, suffered from syndrome for many years; There has been treatment or conservative therapy.; hypermobility of joints  inflammation/pain flares up; Pt has had therapy and 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.; ; There has been treatment or conservative therapy.; ; Describe treatment / conservative therapy here - or Type patient has taken advil and oxycodone had physical therapy after surgery and uses sopas and ice when swollen

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2015; There has been treatment or conservative therapy.; Pain, knee is moving to the ankle, problems sleeping along with joint tenders and swelling.  shoulder has limited range of motion.; PT, Rx meds

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

current 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

Effusion of right knee and left ankle. Hx of swelling and pain near archilles; This study is being ordered for trauma or injury.; Initial onset was around 8-16-15. Dr. Fletcher reports that on today's visit , 9-23-15, pt has limited ROM on right knee with popping and an effusion to right knee. Then on left ankle, pt has limited ROM with pain. Possible partial tear.; There has been treatment or conservative therapy.; Pain with ROM to right knee and left ankle. With popping to right knee.; Pt has been wearing a knee brace. Using ice and taking Aleve and Tyelol.

Radiology Services Denied Not Medically Necessary

None.; This study is being ordered for a neurological disorder.; 08/19/2015; There has been treatment or conservative therapy.; Parathesia to extremities, ankle pain.; Anti-inflammatories, pain meds.

Radiology Services Denied Not Medically Necessary

None; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.

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.; No clinicals available; It is not known if there has been any treatment or conservative therapy.; Unknown

Radiology Services Denied Not Medically Necessary

Pain is having severe knee pain and unable to put weight on this leg to get up. She has edema throughout this leg. Pain extending through knee down to ankle and up to thigh.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.

Radiology Services Denied Not Medically Necessary

PATIENT FELL AND HAS PAIN ON HER LEFT KNEE FOR OVER 3 DAYS NOW; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

Radiology Services Denied Not Medically Necessary

patient fell and with exam finding consistent with meniscal tear; 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

patient has been having chronic left ankle pain for over a week Dr. Barron is needing an MRI to see if he has a tendon tear.; 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.

Radiology Services Denied Not Medically Necessary

patient has had pain in left knee for over a year; he has taken antiinflammatories, went to physical therapy, and seen orthopedic dr without any relief; 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; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, the member does not experience a painful popping, snapping, or giving away of the knee. Patient has swelling and worsening pain for longer than one month for this injury. Conservative treatment with NSAIDs, ace wrap, rest and ice have not proven efficacy.; 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 twisted his knee; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; 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 experiences a painful popping, snapping, or giving away of the knee.

Radiology Services Denied Not Medically Necessary

referred to 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.; about a year; There has been treatment or conservative therapy.; knee pain, popping; home exercise

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

swelling, tenderness, x ray was done; no fracture, dislocation; 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

the doctor is wanting to rule out iliotibial band syndrome.; This study is being ordered for Inflammatory/ Infectious Disease.; 8-5-2015; There has been treatment or conservative therapy.; Rt upper leg pain, knots on legs, worse wthen standing and walking.; Patient received depo medrol 80 injection and referred to physical therapy.

Radiology Services Denied Not Medically Necessary

The patient states that she was ran over by a cow and now has knee and back pain.; This study is being ordered for trauma or injury.; 08/21/2015; There has been treatment or conservative therapy.; spasm/tenderness of paraspinal muscles. tender knee medial/lateral joint lines. swelling/tenderness of skin of knee area noted.; Toradol and celestone injection.

Radiology Services Denied Not Medically Necessary

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is 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.

Radiology Services Denied Not Medically Necessary

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient 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.

Radiology Services Denied Not Medically Necessary

This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; The ordering doctor is NOT an orthopedic specialist; Effusion was noted on the physical examination

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; The ordering doctor is NOT an orthopedic specialist; 'None of the above' were noted on the physical examination

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Swelling greater than 3 days

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months

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 an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Radiology Services Denied Not Medically Necessary

unknown; 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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 03/20/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Therapy, medication and neuro surgeon

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/2014; There has been treatment or conservative therapy.; Pt has LBP and in hips.; Pt has been seen by chiropractor, meds and heat therapy.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/2014; There has been treatment or conservative therapy.; pain, problems bending joints; meds,

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-9-2013; There has been treatment or conservative therapy.; PAIN AT REST AND LYING DOWN, LBP, HIP PAIN; HIP REPLACEMENT, THERAPY, MEDICATION

Radiology Services Denied Not Medically Necessary

low back pain radiating down right leg no releif with nsaid's taken OTC - numbness to right uipper thigh to knee; This study is being ordered for a neurological disorder.; low back pain for several years with the most recent flare up of 5 months; It is not known if there has been any treatment or conservative therapy.; right lower back pain that radiates into tighs, constant, sharp, throbbing, aching & burning; she tripped and fell about 5 months ago causing flare up; radicular right hip/leg pain; swelling above hip joint; decreased range of motion with right hip flexio

Radiology Services Denied Not Medically Necessary

OTC medications tenderness to palptation tenderness in thigh; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.

Radiology Services Denied Not Medically Necessary

PATIENTS PAIN IS WORSENING AND NOT GETTING BETTER.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/12/15; There has been treatment or conservative therapy.; WEAKNESS HIP PAIN  LOWER BACK PAIN; PATIENT HAS BEEN RECIEVING PAIN MEDICATION AND ANTI-INFLAMITORY MEDICATION FROM PRIMARY CARE PHYSICIAN.

Radiology Services Denied Not Medically Necessary

R/O VASCULAR NECROSIS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/3/2014; There has been treatment or conservative therapy.; hip pain, on steroid prescription; physical therapy and medications

Radiology Services Denied Not Medically Necessary

the doctor is wanting to rule out iliotibial band syndrome.; This study is being ordered for Inflammatory/ Infectious Disease.; 8-5-2015; There has been treatment or conservative therapy.; Rt upper leg pain, knots on legs, worse wthen standing and walking.; Patient received depo medrol 80 injection and referred to physical therapy. This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.

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

Radiology Services Denied Not Medically Necessary

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

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

Radiology Services Denied Not Medically Necessary

to r/o osteoparitis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/20/15; There has been treatment or conservative therapy.; chronic pain; medications treatment , anti inflammatory

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

+ H Pylori - checking for ulcer; 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

Radiology Services Denied Not Medically Necessary

Abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

Patient treated for h-pylori ion 7/2015, pain never subsided; 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.

Radiology Services Denied Not Medically Necessary

R/O gall bladder issues, possible gall bladder 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.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

Radiology Services Denied Not Medically Necessary

R/O pancreatitis; 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

r/o rectum bleeding and blood in stool; 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

Radiology Services Denied Not Medically Necessary

significant weight loss, smoker,neoplasm?; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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

The PT has had Diverticulitis disease, gallbladder problems, abdomen pain, he has had chest discomfort at the nipple line that goes to his back.; 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

Radiology Services Denied Not Medically Necessary

This is a chronic problem. The current episode started more than 1 month ago. The onset quality is gradual. The problem occurs constantly. The problem has been unchanged. The pain is located in the LUQ and RUQ. The pain is at a severity of 3/10. The 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

Radiology Services Denied Not Medically Necessary

This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; 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 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.

Radiology Services Denied Not Medically Necessary

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

Radiology Services Denied Not Medically Necessary

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

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.

Radiology Services Denied Not Medically Necessary

unexplained abdominal pain for 6 months; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

Unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

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

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; 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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.

Radiology Services Denied Not Medically Necessary

; 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

; 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

; This is a 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 study is being ordered for something other than: known 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.; 03/11/2015; There has been treatment or conservative therapy.; abdominal pain, anemia, fatigue, Cystitis, chest pain, dizziness; iron tablets, thyroid meds as a new onset of tsh problems, labs have been drawn.

Radiology Services Denied Not Medically Necessary

After consulting with specialist, it's in agreement the patient would benefit from and MRI of the brain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/15/2015; There has been treatment or conservative therapy.; Patient complains of chronic vertigo and weakness.; Patient has been treated with MDP and Flonase. Patient has seen cardiologist to rule out heart disease causing vertigo and weakness. The patient also has seen an ENT who has performed an ENG exam, posturography and audiometric testing.

Radiology Services Denied Not Medically Necessary

CBC shows elevated WBC of 10.4. ESR was elevated at 26. CRP was elevated at 3.70. Surgical history of D&C x2, dates unknown. Physician looking to rule out colitis.; 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

colitis and constipation. pt came in on 8/5/15 stating abd/pelvic pain for 3 weeks; 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

constant abdominal/pelvic pain with fullness/bloating also is having abnormal menstrual cycles for greater than 24 hours; 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. ct done in hospital recommended follow up cts to be done pt is still having severe pain; This study is being ordered for Inflammatory/ Infectious Disease.; 6/7/15; There has been treatment or conservative therapy.; cp sob wt loss severe pain; pt was hospitalized for 3 days cts showed poss mass or neoplasm in pancreatitis pt still having pain and abnormal wt loss; This combination request does not include an OB Ultrasound.

Radiology Services Denied Not Medically Necessary

CT of abdomen and pelvis ordered. Labs ordered and will notify patient of any abnormalities. Further diagnostic evaluations ordered today include(s) ACUTE ABDOMEN SERIES, COMPLETE and CT ABDOMEN & PELVIS W/O CONTRAST to be performed.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2. Abdominal pain  Onset: 3 Months. The problem has worsened. The location is midline and left upper quadrant. The quality of the pain is sharp. The denies aggravating factors. The denies relieving factors. Pertinent negatives include fever, nausea an; There has not been any treatment or conservative therapy.; 2. Abdominal pain  Onset: 3 Months. The problem has worsened. The location is midline and left upper quadrant. The quality of the pain is sharp. The denies aggravating factors. The denies relieving factors. Pertinent negatives include fever, nausea an

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

History of colon cancer; 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 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.

Radiology Services Denied Not Medically Necessary

Intercoastal neuralgia, "pinching" pain. Worse with bending to right side.; This is a 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

lower abdominal pain/ has pre existing condition; This is a 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 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 has experienced abdominal pain and Hematochezia; 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 with a lot of nocturia, having urgency and difficulty emptying; This is a 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 seen in ER 9/8/15 with abd/pelvic pain, continues to have pain in the right lower quadrant with nausea, vomiting, no appetite; This is a 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

Patient to be evaluated for generalized abdominal pain. This is located primarily in the left upper quadrant. There is some radiation to the left pelvis. It began 1 month ago. The onset of pain occurred with no apparent trigger. She characterizes it ; 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.

Radiology Services Denied Not Medically Necessary

Patient was seen in ER on 08/07/15. Dr. Baugh ordered tests and stated if worst to contact ER and come back in. pt called today and stated he feels like it is worsening.; This study is being ordered for a neurological disorder.; 08/07/2015; There has been treatment or conservative therapy.; chest pain and numbness going down left side. neck pain going down left arm. LUQ pain; zestril, nexium. apply heat to neck 20 min on and off.

Radiology Services Denied Not Medically Necessary

Provider requested short term follow-up of new pulmonary nodule; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Pt has had lumbar and cervical spine x-ray which were both negative. Abdominal 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.; chronic-initial date unknown; It is not known if there has been any treatment or conservative therapy.; Chronic neck and back pain, abdominal pain with tenderness and nausea, weight loss.

Radiology Services Denied Not Medically Necessary

recently DX herpes simplex virus; This is a 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

REPORTS 3 B/M X1 WEEK. INCREASED ABDOMINAL PAIN, DISCOMFORT, WAXES/WANES, INCREASE BLOATING, ABDOMINAL CRAMPS; This is a 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

severe right lower quadrant pain that is so severe it is causing the patient to have seizures.; This is a 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

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

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient 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 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

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 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.; 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.;

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.; to rule out bowel obstruction

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.;

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.; <Enter Additional Clinical Information>

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.

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 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 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.; <Enter Additional Clinical Information>

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.;

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>

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.; bright rectal bleeding  sever abdominal pain  elevated white blood cell count  nausea

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.; Expand All Collapse All   Subjective:  Patient ID: Brian L King is a 45 y.o. male.  HPI Mr. King comes in for a HTN follow-up visit. He has been compliant with his medications, and he reports no tolerability issues.  He does complain of LLQ abdom

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; <Enter Additional Clinical Information>

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdomen pain and elvated lipase and amylase

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

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 with diarrhea x 3 months, vomiting x 4 months.

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 is calling from the IP

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

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; Complaining of abdominal and apigastric 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; decreased appetite,

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Having abdominal pain with pressure to left internal abdomen

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; 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; history of colon cancer; LUQ tightness and pain; severe constipation; Need to make sure there is no bowel obstruction

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; In May ULTRA gall bladder done -normal- going on seven weeks - not getting 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; mbr has pain for year and can feel a bulge in abdomen left side abnormal ultrasound and weight loss but abdomen is bulging out

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; n/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 has been having abd pain with diarrhea for more than a week.

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 continued ABD pain, gastritis, known ovarian disease

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient has had bloating nausea and abdominal pain with bowel problems, getting worse, abdominal pain after eating, recently had a colonoscopy

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 ongoing pelvic and groin pain, moderate to severe, has an aching quality and radiates into the right back and right hip, has urinary frequency, has been treated with doxy and flomax.

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 sever abdominal pain, weight loss; high blood pressure, also ieritable bowel syndrome

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 severe abdominal pain for 6 weeks. Includes a lot of gas.

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 severe epigastric pain, indigestion and constipation with swelling in the lower extremities.

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 to be evaluated for generalized abdominal pain. Symptoms began 3 months ago. It is localized primarily in the right upper quadrant and right lower quadrant. It is typically of moderate intensity. The discomfort has been continuously present si

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 hx of myxoma, experiencing L hip and L leg pain, last CT 10 yrs 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. is having ongoing issues with abdominal pain and 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; RUQ pain- started 2-3 mo ago- has discomfort over the R flank area under the ribs - has been constant, feels like pressure, but worse when he is sitting, relieved when standing.; No N/V/D, no fevers, no change in BM pattern, no heartburn, not related to 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; severe abd 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; severe left upper 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; Thur she felt like she was goin to start her peiod.; She says she does have frequency and urgency.; She has bil pelvic pain and low back pain.; It is painful to walk.; Her last period was 3 wks ago and was normal for her but she does note that it lasted 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; 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; weight lost 22 lbs in the last year

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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor

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; organ swelling abdominal swelling upon palpitation

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; Pt having ABD distention. Tubal ligation. Very tender.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor

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.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>

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; <Enter Additional Clinical Information>

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.;

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 fell directly on his abdomen, felt like his stomach twisted and turned when he fell, is affecting his breathing!

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal 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 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 the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.

Radiology Services Denied Not Medically Necessary

Treated for H-Pylori in 7/2015. Still having abdominal pain but no h-pylori; This is a 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

Urinalysis came back normal, flank pain. R/O stone or apendicitis; This is a 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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 2015; There has not been any treatment or conservative therapy.; BACK PAIN

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a CT scan for evaluation of coronary calcification.

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

Family history.; This is a request for a CT scan for evaluation of coronary calcification.

Radiology Services Denied Not Medically Necessary

SPIRIVA WITH HANDINHALER  Tiotropium; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/18/2014; There has been treatment or conservative therapy.; cough and shortness of breath  Levaquin 500mg  patient is diabetic  heart disease and Ischemia  Trying to R/O Cancer; medication ,cough medicine

Radiology Services Denied Not Medically Necessary

Xray shows calcification in aortic artery; This is a request for a CT scan for evaluation of coronary calcification.

Radiology Services Denied Not Medically Necessary

will fax in clinical; 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

< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous myocardial infarction.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.
; 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

; 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

Radiology Services Denied Not Medically Necessary

; 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).

Radiology Services Denied Not Medically Necessary

; 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

chest pain 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.; 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, known smoker- pack a day, normal ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 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

Chest pain; smoker; uncontrolled diabetic; 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

early onset heart disease in family; 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

Had angina for greater than 2 weeks, smoker, 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

Known CAD due to excess calcium score, evaluation; 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

over the past 2-3 weeks, patient has had chest pain on the left side of his 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.

Radiology Services Denied Not Medically Necessary

Patient had abnormal ekg, passed out, went to er with chest pains.; 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 was seen in ER on 08/07/15. Dr.Baugh ordered tests and stated if worst to contact Er and come back in. pt called today and stated he feels like it is worsening.; This study is being ordered for a neurological disorder.; 08/07/2015; There has been treatment or conservative therapy.; chest pain and numbness going down left side. neck pain going down left arm. LUQ pain; zestril,nexium. apply heat to neck 20 min on and off.

Radiology Services Denied Not Medically Necessary

pt is needing a echo due to elevated blood pressure and dizziness and he is a very active boy in sports.; 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

R/O CAD; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

Stress echo 8/5/15 showed abnormalities; 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

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 request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.

Radiology Services Denied Not Medically Necessary

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.

Radiology Services Denied Not Medically Necessary

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.

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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; chest pain upon exertion and the patient has a broken infusaport in right ventricle of heart since 2006; It is not known if there has been any treatment or conservative therapy.; chest pain with exertion and a infusaport was broken off in right ventricle in 2006

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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure

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 symptoms of a heart problem.

Radiology Services Denied Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; chest pain upon exertion and the patient has a broken infusaport in right ventricle of heart since 2006; It is not known if there has been any treatment or conservative therapy.; chest pain with exertion and a infusaport was broken off in right ventricle in 2006

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

Pt has radicular pain in R arm and abdnormal c5 on Xray; This is a request for a low field strength MRI

"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 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

A Chest/Thorax CT is being ordered.; This study is being ordered for known 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 is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

Kathleen S Pyeatt is a 43 y/o white female who is s/p TAH/BSO/radical debulking/appendectomy/argon beam ablation/lysis of adhesions/cystoscopy/resection of tumor from sigmoid colon (by Dr. Mizell) on 9/23/14. She completed 6 cycles of neoadjuvant Taxol/Ca; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.

post op complaint; new onset of abd pain; see if there's any malignancy; 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.; 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 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; Attending note: This is a 62-year-old woman who had 2 episodes of acute abdominal pain the last which brought her to the emergency department in Clarksville. There she had a CT scan of the abdomen and pelvis which showed a complex pelvic mass consistent w

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Reports low abdominal pain, onset 2-3 years, 2/10 intensity, intermittent, sharp in character with no radiation to other abdominal sites and no aggravating or relieving factors. Patient with reports of this mild intermittent vague pelvic pain.  Patient

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.; 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 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 Cervical Cancer.

This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for 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 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 Ovarian or Esophageal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.

; 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.

; 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 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 Kidney Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Lung Cancer and a possible Sinus Clot.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

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 Rectal Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with stage IV 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.

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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 Kidney Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of recurrent disease.; 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.

Follow up scans to evaluate disease response to current 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 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.

Nausea and vomiting unrelated to anything else,; 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 has fever; fatigue; nausea and vomiting; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

Patient recently had a MUGA SCAN done for chemo, and has now completed chemotherapy. Restaging; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 has lung cancer, staging after cycle 2 of treatment; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

pt is currently on chemotherapy, follow up during treatment with worsening symptoms.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

r/o brain mets , patient has breast cancer; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

Restaging Melanoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Restaging of Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Restaging upon completion of therapy; 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 4 exams are being ordered.

See Attachment; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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 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."; The study is requested for 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.; 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.; 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 study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 has lung cancer with bone 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 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. has Lymphocytic Leukemia and nodular lymphoma of the head, face and neck. Both are chronic and active.; 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 sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.
; This study is being ordered for a metastatic disease.; There are 2 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 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.; 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.

CHRONIC LEUKOCYTOSIS-CERVICAL LAD AND H/O ADRENAL MASS. DR WANTING CT N/C/A/P FOR 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.; 2012; There has not been any treatment or conservative therapy.; CHRONIC LEUKOCYTOSIS--CERVICAL LAD AND H/O ADRENAL MASS
evaluation of patient with Hodgkin's lymphoma.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.
Evaluation of recurrent disease.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Malignant melanoma of plantar aspect of right foot; Mrs. Cole has completed removed metastatic melanoma to right groin (mas plus 1 LN), and the primary mass at the sole of the right foot was removed as well. She is candidate for adjuvant checkmate 238 (Ip; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.
Pelvic lymph node Hot on PET; This study is being ordered for Inflammatory/ Infectious Disease.; 5/15/2015; There has not been any treatment or conservative therapy.; HPI Mrs. Galdamez is here today for a follow up of her enlarged pelvic lymph nodes post biopsy. Veronica had been in overall good medical health other than reflux until 5/15/2015 went she went to establish care with a primary care provider and was found w

Pt. has Lymphocytic Leukemia and nodular lymphoma of the head, face and neck. Both are chronic and active.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Restaging Melanoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Restaging of Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Restaging upon completion of therapy; 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 4 exams are being ordered.

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 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass

Evaluation of patient with Head and Neck 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.

PATIENT HAS COMPLETED CHEMO ON 7/29/2015. NEED TO RESTAGE PATIENT 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 been performed on the member in the past 3 months.

Restaging Multiple Myeloma after Chemo; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.; 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.

There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

; 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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

4month follow up after previous 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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 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.

Clarification on prior imaging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Enter answer here - or Type In Unpt states she has had a migraine x 2 weeks, with stiff burning pain to neck. pt saw PCP, Dr. Small in Dardanelle. had echo and stress test for chest pain 2 weeks ago, saw Dr. Wang, pt stated results were ok. pt denies ches; 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)

Evaluation of patient with Esophageal 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 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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 4 exams are being ordered.

Evaluation of patient with newly dx lung cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

evaluation of patient with sclc; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Stage IV Breast Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Evaluation of patient with with new severe 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.; 1 year ago but getting worse.; There has not been any treatment or conservative therapy.; Headache and intracranial pressure

evaluation of pt with lung cancer; 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 4 exams are being ordered.

faxing rec; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

follow up for surveillance; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Having problems with memory that started about 6 months into treatment and is getting worse. Having some hearing loss and ringing in his ears. Has some trouble finding his words when he talks.; This request is for a Brain MRI; The study is 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.

initial staging for adenoid cystic carcinoma.; 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.

Initial staging of patient newly diagnosed 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Mrs. Cole has completed removed metastatic melanoma to right groin (mas plus 1 LN), and the primary mass at the sole of the right foot was removed as well. She is candidate for adjuvant checkmate 238 (Ipilimumab versus Nivolumab). She agreed to enrol, sig; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

NEED TO DO COMPLETE STAGING WORKUP TO DETERMINE COURSE OF TREATMENT FOR THIS PATIENT.LT; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

New patient, for testicular cancer, metastatic disease post surgical; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 breast cancer, MRI 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 lung cancer, scans are to complete 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  staging  headaches dizziness lymphadenopathy eval for lymphnode involvement; This study is being ordered for a metastatic disease.; There are 2 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 with lung cancer with metastatic disease. Recent PET showings abnormal uptake in temporal lobe with suggestions of a follow up MRI to clarify.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

PET Scan is being ordered for initial staging of kidney 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.

Preop evaluation of patient with a lung mass and lung nodules with suspected Lung Cancer.; 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.

Preoperative evaluation of patient with a Solitary Pulmonary Nodule. Looking for mets before surgery.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Preoperative evaluation of patient with a Solitary Pulmonary Nodule.; 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.

Preoperative evaluation; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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 lung cancer with brain metastasis and new onset confusion; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. Right headache along with pain in right ear and occipital areas; 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.

sending records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; It is unknown if there are documented localizing neurologic findings.

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 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 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.; 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.; 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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

trying to rule out MS; This study is being ordered for a neurological disorder.; aug 13,2015; There has not been any treatment or conservative therapy.; headache and right leg paralyzation

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.; Restaging of Cancer; Imaging studies have 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.

"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.

< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; It is unknown if the diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; It is unknown if other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

; 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 being ordered for a metastatic disease.; There are 2 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 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 combination request does not include an OB Ultrasound.

; 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.; 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 study is being ordered for Inflammatory/ Infectious 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.; ; There has not been any treatment or conservative therapy.;

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;;

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.

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.

BLADDER CA POST CYSTECTOMY. FOLLOW UP SCANS ARE RECOMMENDED.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

Chemo she is on is not working, need to have this test done to figure out another 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.

CHRONIC LEUKOCYTOSIS-CERVICAL LAD AND H/O ADRENAL MASS. DR WANTING CT N/C/A/P FOR 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.; 2012; There has not been any treatment or conservative therapy.; CHRONIC LEUKOCYTOSIS--CERVICAL LAD AND H/O ADRENAL MASS

Chronic pancreatitis and weight loss; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

Clarification on prior imaging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

eval for pulmonary lung nodules largest is 6.6mm; "There is NO evidence of a lung, mediastinal or chest mass 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 deep vein thrombosis; This study is being ordered for Vascular Disease.; 04/09/2014; There has been treatment or conservative therapy.; fatigue, abdominal pain; Lovenox  Pantoprazole  Prednisone Oral Protonix  Xarelto  Aspir 81 Hydrocodone-Acetaminophen Oral  Nadolol Oral Pantoprazole Oral Sodium Chloride IV 0.9

evaluation of 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 a brain 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.

Evaluation of patient with 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.

Evaluation of patient with an SPN.; This study is being ordered for a metastatic disease.; There are 2 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 mets to bone and uterus with worsening signs; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 with worsening signs 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.

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 Hodgkin's lymphoma.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Kidney Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Leukocytosis.; A Chest/Thorax 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 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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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 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 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.

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 melanoma of skin of scalp and neck and 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.

evaluation of patient with melanoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 NSCLC; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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.; "There is NO evidence of a lung, mediastinal or chest mass 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 Stage IV 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 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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Evaluation of patient with Stage IV Rectal Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Vaginal 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 pt with lung 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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 pt with Malignant neoplasm of rectosigmoid junction; This study is being ordered for a metastatic disease.; There are 2 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 recurrent disease.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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 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; "There is NO evidence of a lung, mediastinal or chest mass 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.; 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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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.

FOLLICAR LYMPHOMA: GRADE 1, PATHOLOGY FROM THE LEFT INGUINAL LYMPH NODE. DR. RECOMMEND ROUTINE 3 MONTH MONITORING WITH CT SCANS.   HYPERMETABOLIC UPTAKE TO THE RT VOCAL CORD. PT WANTING CT SCANS TO RULE OUT SOMETHING MORE SERIOUS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

Follow after completion 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.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Follow up for 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.

Follow up scans to evaluate disease response to current 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 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 response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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, RESTAGING, FROM ANOTHER PHYSICIAN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Following up on previous scans that have shown haziness in apex on both lungs. Patient has history of breast cancer.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Had an MRI June 2010; check the progression of the cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

Has completed 6 cycles of chemotherapy, scans to evaluate response.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

IMPRESSION: Slight increase in ascites along the upper aspect of the abdomen adjacent to the liver but with stable to improved omental caking in the anterior mid abdomen. CT PELVIS 7/28/2015: Multiple axial images were performed through the pelvis 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.

Initial staging of patient newly diagnosed with Urothelial Carcinoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

intermittent low back and flank 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.

Left axillary adenopathy on recent exam and dysphagia.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

leukocytosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/22/15; There has not been any treatment or conservative therapy.; abdominal pain, chest pain ,leukocytosis

Malignant melanoma of plantar aspect of right foot; Mrs. Cole has completed removed metastatic melanoma to right groin (mas plus 1 LN), and the primary mass at the sole of the right foot was removed as well. She is candidate for adjuvant checkmate 238 (Ip; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 complaining of occasional shortness of breath. History of breast cancer.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Patient had chemo treatment X 4 treatment restaging to see if chemo treatment is working; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

patient has a history of colon cancer diagnosed in 2004. Last CT scan showed a pulmonary nodule. Yearly surveillance in an asymptomatic patient.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.

Patient has been on new chemotherapy and needs to be assessed; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 lump in the chest wall and exzary.; "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 is beginning Cycle 7 of innotecan, Avastin on 9/7/2015.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 is complaining of pain all over body, no energy, and no appetite.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 just finished a cycle of chemotherapy 8-11-15 this is for restaging Enter answer here - or Type  In Unknown If No Info Given.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Patient recently had a MUGA SCAN done for chemo, and has now completed chemotherapy. Restaging; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 reports fever, chills, and hematuria.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 PREVIOUS LUNG NODULE, C/O SHORTNESS OF BREATH AND FATIGUE. FORMER SMOKER, QUIT IN 2013.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

PET for initial staging workup. Doctor wanting diagnostic CT of Chest to rule out any lung mets.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Pet Scan on 6-30-15, ct of Brain 6-24-15, Bone scan 6-24-15; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

previous imaging showed nodule 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.

PT HAD TESTICAL REMOVED BY UROLOGY. PATHOLOGY REVEALED A NON SEMINOMATOUS GERM CELL WITH EMBRYONAL CELL CA. DR WANTING SURVEILLANCE OF CA BECAUSE PT ELECTED NOT TO HAVE A RETROPERITONEAL LYMPH NODE DISSECTION OR 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.

Pt has lung cancer with mets. Restaging.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 has rectal cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

pt is currently on chemotherapy, follow up during treatment with worsening symptoms.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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. has Lymphocytic Leukemia and nodular lymphoma of the head, face and neck. Both are chronic and active.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restage pts malignant neoplasm of retroperitoneum.; This study is being ordered for a metastatic disease.; There are 2 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 a round of chemo 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.

Restaging following CHEMO/ CHEMO was finished on 9-2-2015; This study is being ordered for a metastatic disease.; There are 2 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 Melanoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Restaging of Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Restaging on chemo, follow up on tumor identified through pet/ct on 05/6/15; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 to ck on treatment's success; This study is being ordered for a metastatic disease.; There are 2 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 upon completion of therapy; 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 4 exams are being ordered.

Scans are ordered for restaging and completion of chemotherapy to see if chemo needs to be continued or if the regimen needs to be changed; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Scans to evaluate disease response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

See Attachment; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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.; There is no radiologic evidence of asbestosis.; History of Synovial Cell Sarcoma now with Anemia and SOB.; "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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 combination request does not include an OB Ultrasound.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have 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 been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.; This combination request does not include an OB Ultrasound.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has 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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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; 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.

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.; 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 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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

will 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 NOT a Breast MRI, CT Colonoscopy, 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 something other than: known 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 a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

PATIENT HAS COMPLETED CHEMO ON 7/29/2015. NEED TO RESTAGE PATIENT 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 been performed on the member in the past 3 months.

Restaging Multiple Myeloma after Chemo; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

STIR weighted studies of both shoulders demonstrate a hypointense marrow in relation to adjacent muscles. On T1-weighted studies, the marrow is hyperintense in relation to adjacent muscles. The marrow signal is heterogeneous on both imaging sequences.; 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 myeloma profile revealed kappa light chains of 6.48, lambda light chains of 2.52, and kappa/lambda ratio 2.57. IgA 43, IgG 497, and IgM less than 20. Patient has stable disease. However, he has very fragile bone marrow.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 pre-operative evaluation.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This is a request for a chest MRI.

Would like to see the patient back again in the 1st week of September for next followup and evaluation with initiation of the next high-dose chemotherapy and stem cell transplantation; This study is being ordered for a metastatic disease.; There are 2 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 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 suspicion of lumbar spine neoplasm, tumor or metastasis.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; 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.; 12/05/2014; There has been treatment or conservative therapy.; NECK PAIN, UNABLE TO RAISE ARMS ABOVE HEAD, DECREASED ROM, AND PAIN RADIATING, LOSS OF FEELING, IN HIPS, TINGLING, DECREASED ROM ON PELVIS, LOSS OF MUSCLE STRENGTH; NORCO PAIN MED, PHYSICAL THERAPY, HOME STRECHING, WARM AND COLD COMPRESS

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.; Initial Staging 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 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Findings from previous MRI (7/1/15): STIR weighted studies of the spine and pelvis demonstrate a hypointense marrow in relation to adjacent muscles. On T1-weighted sequence, the marrow signal is hypo to isointense in relation to disc interspace. Marrow; 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 after chemo and evaluation with initiation of next high dose chemo therapy and stem cell transplant.; Ms. Hackney was diagnosed with IgA kappa multiple myeloma, low-risk CD20 molecular subtype, with initial renal failure, hypercalcemia, severe; 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.

NEED TO DO COMPLETE STAGING WORKUP TO DETERMINE COURSE OF TREATMENT FOR THIS PATIENT.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

PATIENT HAS COMPLETED CHEMO ON 07/29/2015. NEED TO RESTAGE 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 been performed on the member in the past 3 months.

Restaging Multiple Myeloma after Chemo; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Restaging Multiple Myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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

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.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

evaluation of patient with lung cancer for progression of 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 been performed on the member in the past 3 months.

Evaluation of patient with Tongue Cancer with new back pain; 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.

Findings from previous MRI (7/1/15): STIR weighted studies of the spine and pelvis demonstrate a hypointense marrow in relation to adjacent muscles. On T1-weighted sequence, the marrow signal is hypo to isointense in relation to disc interspace. Marro; 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 after chemo and evaluation with initiation of next high dose chemo therapy and stem cell transplant. Ms. Hackney was diagnosed with IgA kappa multiple myeloma; low-risk CD20 molecular subtype, with initial renal failure, hypercalcemia; severe; 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.

NEED TO DO COMPLETE STAGING WORKUP TO DETERMINE COURSE OF TREATMENT FOR THIS PATIENT. This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

PATIENT HAS COMPLETED CHEMO ON 07/29/2015. NEED TO RESTAGE 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 been performed on the member in the past 3 months.

Restaging Multiple Myeloma after Chemo; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Restaging Multiple Myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Spoke with Dr Mahmoud and he wants a MRI back. Patient has left renal cell 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.; 8/21/2015; There has been treatment or conservative therapy.; Developed severe right back pain Friday afternoon and this has gotten progressively worse. Left kidney was removed and surgery was done on the spine, but the new pain is on the right at his waistline; Developed severe right back pain Friday afternoon and this has gotten progressively worse. Called Palliative care and they told him that he could take his oxycodone every 3 hours instead of every 4 hours and they had increased his pain patch to 100 mcg over
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.;

This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis

This 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.; This study is being ordered for 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.; 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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.; Initial Staging 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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 for progression of 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 been performed on the member in the past 3 months.

Findings from previous MRI (7/1/15): STIR weighted studies of the spine and pelvis demonstrate a hypointense marrow in relation to adjacent muscles. On T1-weighted sequence, the marrow signal is hypo to isointense in relation to disc interspace. Marrow; 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 after chemo and evaluation with initiation of next high dose chemo therapy and stem cell transplant.; Ms. Hackney was diagnosed with IgA kappa multiple myeloma, low-risk CD20 molecular subtype, with initial renal failure, hypercalcemia, severe; 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.

NEED TO DO COMPLETE STAGING WORKUP TO DETERMINE COURSE OF TREATMENT FOR THIS PATIENT.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

PATIENT HAS COMPLETED CHEMO ON 07/29/2015. NEED TO RESTAGE 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 been performed on the member in the past 3 months.

Restaging Multiple Myeloma after Chemo; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Restaging Multiple Myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Spoke with Dr Mahmoud and he wants a MRI back. Patient has left renal cell 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.; 8/21/2015; There has been treatment or conservative therapy.; Developed severe right back pain Friday afternoon and this has gotten progressively worse. Left kidney was removed and surgery was done on the spine, but the new pain is on the right at his waistline; Developed severe right back pain Friday afternoon and this has gotten progressively worse. Called Palliative care and they told him that he could take his oxycodone every 3 hours instead of every 4 hours and they had increased his pain patch to 100 mcg ove

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 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 Neurological deficit(s)

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

trying to rule out MS; This study is being ordered for a neurological disorder.; aug 13,2015; There has not been any treatment or conservative therapy.; headache and right leg paralyzation

NEED TO DO COMPLETE STAGING WORKUP TO DETERMINE COURSE OF TREATMENT FOR THIS PATIENT.LT; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Pt. has uterine cancer, being 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."; The patient has had 3 or fewer pelvis CTs.; This study is not being ordered for initial staging.; The patient is not presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Confirmed rectal cancer and abnormal pet scan.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

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.

Initial staging of patient newly diagnosed with Urothelial Carcinoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

PATIENT HAS COMPLETED CHEMO ON 7/29/2015. NEED TO RESTAGE PATIENT 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 been performed on the member in the past 3 months.

patient with a known history of ovarian cancer from 2002. asymptomatic. yearly surveillance.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Possible Lymphoma and liver nodule has increased; This study is 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.; elevated LFTs
Weakness and fatigue , night sweats

Restaging Multiple Myeloma after Chemo; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

STIR weighted studies of both shoulders demonstrate hypointense marrow in relation to adjacent muscles. On T1-weighted studies, the marrow is hyperintense in relation to adjacent muscles. The marrow signal is heterogeneous on both imaging sequences.; 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 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.; 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.

Treatment with melphalan; 200 milligrams per meter squared was initiated on July 21, 2015. Dr wants to see the patient back again in the 1st week of September for next followup and evaluation with initiation of the next high-dose chemotherapy and stem ce; This study is being ordered for a metastatic disease.; There are 2 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 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.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.

PATIENT COMPLETED CHEMO ON 7/29/2015. NEED TO RESTAGE 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 been performed on the member in the past 3 months.

Restaging Multiple Myeloma after 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.

STIR weighted studies of both shoulders demonstrate a hypointense marrow in relation to adjacent muscles. On T1-weighted studies, the marrow is hyperintense in relation to adjacent muscles. The marrow signal is heterogeneous on both imaging sequences.; 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 myeloma profile revealed kappa light chains of 6.48, lambda light chains of 2.52, and kappa/lambda ratio 2.57.; IgA 43, IgG 497, and IgM less than 20.; Patient has stable disease. However, he has very fragile bone marrow.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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 suspicion of upper extremity neoplasm or tumor or 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.; 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.

Treatment with melphalan; 200 milligrams per meter squared was initiated on July 21, 2015. Dr wants to see the patient back again in the 1st week of September for next followup and evaluation with initiation of the next high-dose chemotherapy and stem ce; This study is being ordered for a metastatic disease.; There are 2 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 Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.; Patient has breast cancer and is having significant knee pain.; Suspicious Mass or Suspected Tumor/ Metastasis

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 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 requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).

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

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Past CTs have shown enlarged spleen. CT Abdomen is to follow up to evaluate current size.; 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.

restage renal cell cancer after completion of a round of chemo 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.

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 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.; 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 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.; 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.

Yes, this is a request for CT Angiography of the abdomen.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.
; This study is being ordered for a metastatic disease.; There are 2 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 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 combination request does not include an OB Ultrasound.

; 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.; 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 study is being ordered for Inflammatory/ Infectious 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.; ; 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 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.; Patient with strong tobacco use history reporting cough and unintentional weight loss. CTs to rule out any possible malignancy per patient concern.; There has not been any treatment or conservative therapy.; Cough. Weight loss, 15-20 pounds over 6 weeks per patient report. Hot flashes.

; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ;

BLADDER CA POST CYSTECTOMY. FOLLOW UP SCANS ARE RECOMMENDED.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

Chemo she is on is not working, need to have this test done to figure out another 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.

CHRONIC LEUKOCYTOSIS-CERVICAL LAD AND H/O ADRENAL MASS. DR WANTING CT N/C/A/P FOR 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.; 2012; There has not been any treatment or conservative therapy.; CHRONIC LEUKOCYTOSIS--CERVICAL LAD AND H/O ADRENAL MASS

Chronic pancreatitis and weight loss; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

evaluation of deep vein thrombosis; This study is being ordered for Vascular Disease.; 04/09/2014; There has been treatment or conservative therapy.; fatigue, abdominal pain; Lovenox  Pantoprazole  Prednisone Oral Protonix  Xarelto  Aspir 81 Hydrocodone-Acetaminophen Oral  Nadolol Oral Pantoprazole Oral Sodium Chloride IV 0.9

Evaluation of patient with a brain 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.

evaluation of patient with breast cancer mets to bone and uterus with worsening signs; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

evaluation of patient with Hodgkin's lymphoma.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Kidney Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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 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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 NSCLC; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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 Stage IV 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 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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Evaluation of patient with Stage IV Rectal Cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Evaluation of patient with Vaginal 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 pt with lung 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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 recurrent disease.; 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 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.; 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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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.

FOLLICAR LYMPHOMA: GRADE 1, PATHOLOGY FROM THE LEFT INGUINAL LYMPH NODE. DR. RECOMMEND ROUTINE 3 MONTH MONITORING WITH CT SCANS.   HYPERMETABOLIC UPTAKE TO THE RT VOCAL CORD. PT WANTING CT SCANS TO RULE OUT SOMETHING MORE SERIOUS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

Follow after completion 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.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

Follow up for 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.

Follow up scans to evaluate disease response to current 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 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 response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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, RESTAGING, FROM ANOTHER PHYSICIAN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

had a 5 cm transfer colon carcinoma, pathology with low grade adenocarcinoma that was stage 2; 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.

Had an MRI June 2; check the progression of the cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

Has completed 6 cycles of chemotherapy, scans to evaluate response.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

IMPRESSION: Slight increase in ascites along the upper aspect of the abdomen adjacent to the liver but with stable to improved omental caking in the anterior mid abdomen. ; CT PELVIS 7/28/2015: Multiple axial images were performed through the pelvis 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.

Initial staging of patient newly diagnosed with Urothelial Carcinoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

leukocytosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/22/15; There has not been any treatment or conservative therapy.; abdominal pain, chest pain ,leukocytosis

lung cancer needs to see if it has spread; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.

Malignant melanoma of plantar aspect of right foot&#xOD; Mrs. Cole has completed removed metastatic melanoma to right groin (mas plus 1 LN), and the primary mass at the sole of the right foot was removed as well. She is candidate for adjuvant checkmate 238 (lp; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 had chemo treatment X 4 treatment restaging to see if chemo treatment is working; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

patient has a history of colon cancer diagnosed in 2004. Last CT scan showed a pulmonary nodule. Yearly surveillance in an asymptomatic patient.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.

Patient has a past of alcohol abuse. Active smoker who presents today complaining of fatigue, back pain and dysphoric mood.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.

Patient has been on new chemotherapy and needs to be assessed; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 chosen to not undergo resection or chemotherapy. He needs to be followed closely per NCCN guidelines.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.

Patient is beginning Cycle 7 of innotecan, Avastin on 9/7/2015.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 is complaining of pain all over body, no energy, and no appetite.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 just finished a cycle of chemotherapy 8-11-15 this is for restaging Enter answer here - or Type  In Unknown If No Info Given.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Patient recently had a MUGA SCAN done for chemo, and has now completed chemotherapy. Restaging; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 reports fever, chills, and hematuria.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Pelvic lymph node Hot on PET; This study is being ordered for Inflammatory/ Infectious Disease.; 5/15/2015; There has not been any treatment or conservative therapy.; HPI Mrs. Galdamez is here today for a follow up of her enlarged pelvic lymph nodes post biopsy. Veronica had been in overall good medical health other than reflux until 5/15/2015 went she went to establish care with a primary care provider and was found w

Pet Scan on 6-30-15, ct of Brain 6-24-15, Bone scan 6-24-15; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 HAD TESTICAL REMOVED BY UROLOGY. PATHOLOGY REVEALED A NON SEMINOMATOUS GERM CELL WITH EMBRYONAL CELL CA. DR WANTING SURVEILLANCE OF CA BECAUSE PT ELECTED NOT TO HAVE A RETROPERITONEAL LYMPH NODE DISSECTION OR 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.

Pt has lung cancer with mets. Restaging.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 has rectal cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

pt is currently on chemotherapy, follow up during treatment with worsening symptoms.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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. has Lymphocytic Leukemia and nodular lymphoma of the head, face and neck. Both are chronic and active.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

restage pts malignant neoplasm of retroperitoneum.; This study is being ordered for a metastatic disease.; There are 2 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 following CHEMO/ CHEMO was finished on 9-2-2015; This study is being ordered for a metastatic disease.; There are 2 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 Melanoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Restaging of Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Restaging on chemo, follow up on tumor identified through pet/ct on 05/6/15; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 to ck on treatment's success; This study is being ordered for a metastatic disease.; There are 2 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 upon completion of therapy; 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 4 exams are being ordered.

Scans are ordered for restaging and completion of chemotherapy to see if chemo needs to be continued or if the regimen needs to be changed; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Scans to evaluate disease response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

See Attachment; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.; 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; <Enter Additional Clinical Information>

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; jaundice

This is 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 significant abdominal pain sometimes causing her to stop her activity and it takes several days to go away. she has intermittent fever with these symptoms. pt also has an elevated wbc. pt also has constipation. dr. wanting ct for problems such as

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Request is for evaluation of hepatitis C and thrombocytopenia.

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 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 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 not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Known pelvic adenopathy, scan to follow up.

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.; 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.; 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.; 1 year follow up scan to evaluate known 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.; Patient with history of Stage IIIB Rectal cancer now complaining of bloating and abdominal discomfort for past couple months.

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.; Testicular cancer, post- 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 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 combination request does not include an OB Ultrasound.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have 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 been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.; This combination request does not include an OB Ultrasound.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has 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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.; 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 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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.

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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Yearly surveillance per NCCN guidelines.; 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.

Possible Lymphoma and liver nodule has increased; This study is 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.; elevated LFT Weakness and fatigue , night sweats

PT WITH LEUKOCYTOSIS. CT ON 8/17 SHOWS HETEROGENOUS ENHANCING LESION WITHIN THE RT ADRENAL GLAND 4.4X3.1 CM IN SIZE. LESION IS FAIRLY LOW IN ATTENUATION CHARACTERISTICS ON THE PORTAL VENOUS PHASE IMAGES. DENSITIES FALL TO BETWEEN 3&5 SUGGESTION WASHOUT ; 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.

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.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; evaluation of patient with Basal cell carcinoma of skin of other and unspecified parts of face and nodules found on ct a/p. faxing rec

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."; none

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."; Unknown

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.; CT scan shows organ enlargement

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."; Suspected Mets on prior imaging, Pet/CT

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; Evaluation of liver lesions, elevated CA-19.

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."; Following up on liver cyst that were found unchanged on most recent CT. Patient with colorectal cancer.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Pt with known bladder cancer and liver lesion found on CT. Needs MRI for stability of 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."; Newly diagnosed rectal cancer with recent PET scan showing abnormalities in liver, suggesting follow up imaging for better picture.

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.; Yearly surveillance in a patient with a history of ovarian cancer. asymptomatic.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.; 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 is a request for a heart or cardiac MRI

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

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 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.

Abnormalities in previous 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.

Evaluation of Bone Marrow for staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

PATIENT COMPLETED CHEMO ON 7/29/2015. NEED TO RESTAGE 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 been performed on the member in the past 3 months.

Pt diagnosed with myeloma and is in remission following treatment with induction with single transplant and some post-transplant Velcade. He has low-risk disease, CD-2. The important issue with Gregory is that he has evidence of amyloid. He certain; This study is being ordered for a metastatic disease.; There are 2 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 Multiple Myeloma after 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

Would like to see the patient back again in the 1st week of September for next followup and evaluation with initiation of the next high-dose chemotherapy and stem cell transplantation; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Abnormalities in previous 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.

Determine extent of malignency.; This study is being ordered for a metastatic disease.; There are 2 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 was given a strong chemo prior to stem cell collection and needs follow up imaging to see how well the chemo worked.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. staging 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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.; Patient has been diagnosed with Stage 1 breast cancer. She has had bilateral mastectomies due to a strong family history including both mother and father. She has had dose dense AC and completed all 4 cycles then started weekly Taxol on 402102015. She has

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.; patient is having shortness of breath

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.;

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.; < Enter answer here - or Type In Unknown If No Info Given. >

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.; None.

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.; Shortness of Breath

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 of upper-outer quadrant of left female breast; Proceed with herceptin today. Will need additional 10 cycles. Will discuss switching from Tamoxifen to AI considering she had BSO. RTC in 3 months with PE, labs, and 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 last MUGA scan was performed more than 3 months ago.; Pt is currently on chemotherapy, this is a follow up during treatment.

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.; Enter answer here - or Type In Unknown If No Info Given. Julieanne has locally extensive breast cancer, ER-positive, HER2-positive. 6 weeks after chemo with chemo; :Chemo due today and every 3 weeks: Herceptin 492mg IV--premeds: Tylenol; 1000mg po. MUGA prior t

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.; Patient has had numerous rounds of chemo and is about to start another to prepare for a tx. Patient needs to be tested to see if she can handle more treatment since she has been on chemo since 2012.

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will not be undergoing more chemotherapy.; The 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.; It is not known if there is a change in cardiac signs or symptoms.; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; < Enter answer here - or Type In Unknown If No Info Given. >

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 been initiated or completed.; The last MUGA scan was performed within the last 3 months.; due to hypertensive disorder he wants it every two months high risk cardio myopathy

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.; in view peripheral edema needs to repeat MUGA Scan 50% last time, Pt has T cell lymphoma

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.; Restaging Multiple Myeloma after Chemo

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 for chemo for breast cancer

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.; HPI- Mr Davis is a 67 yr old CM with pmh of CAD s/p PCI in 2009 and 2014, rheumatoid arthritis on methotrexate since 2009 and Embrel since 2011, HTN, HPLD diagnosed with MDS/MPL disorder based on peripheral blood leucocytosis. His initial BM biopsy showe

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; unknown

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.; We are doing prep work to see if the patient is a candidate for a stem cell transplant. The process of transplantation involves strong chemotherapy which we need to see if the patient can handle prior to administration.

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.; History of breast cancer with secondary cardiomyopathy.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

4month follow up after previous 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Determine extent of malignency.; This study is being ordered for a metastatic disease.; There are 2 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 lung cancer, scans are to complete 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.

PET for initial staging workup. Doctor wanting diagnostic CT of Chest to rule out any lung mets.; This study is being ordered for a metastatic disease.; There are 2 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 PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.

This is 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.; 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 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 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.; 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 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.

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 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 Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.

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.

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 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 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.; 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.; 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 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 Melanoma.; 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Evaluation of patient with an SPN.; This study is being ordered for a metastatic disease.; There are 2 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 Bone 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 breast cancer with worsening signs 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.

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.

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 2 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 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 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 Lung Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Lymphoma of the spleen.; 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 Lymphoma.; 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 newly dx lung cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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 Rectal Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

evaluation of patient with sclc; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with stage IV 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.

Evaluation of patient with Stage IV Breast Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Stage IV 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 stage IV Esophageal 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 Kidney Cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

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.

Evaluation of patient with Tongue 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 DIFFUSE LARGE B CELL LYMPHOMA.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

evaluation of pt with lung cancer; 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 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 5 or more exams are being ordered.

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 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.

initial staging for adenoid cystic carcinoma.; 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.

initial staging of esophageal 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.

Initial staging of patient newly diagnosed 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.

Initial staging of patient newly diagnosed 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Newly diagnosed breast cancer. Staging.; 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.

non small cell lung cancer  staging  headaches dizziness lymphadenopathy eval for lymphnode involvement; This study is being ordered for a metastatic disease.; There are 2 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 was given a strong chemo prior to stem cell collection and needs follow up imaging to see how well the chemo worked.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

PET Scan is being ordered for initial staging of kidney 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.

Preoperative evaluation of patient with a Solitary Pulmonary Nodule. Looking for mets before surgery.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

sending 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.

sending 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.

sending records; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

staging 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 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; 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; 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; 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 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; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.

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; 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 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; 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 PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.

This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.

This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.

This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.

This is 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 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.; 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.; 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 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 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.; 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 Lymphoma or Myeloma.; 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 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.; 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 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.; 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.; 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.; 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.; 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.; 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 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.; 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 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.; 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 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 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.

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.; 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.; 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.; 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 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.; 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.; 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.; 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.; 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 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 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 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 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.; There is existing evidence of metastasis or other tumor in the body.; 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 to establish a cancer diagnosis.; This study is being requested for Lung Cancer.

This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; 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 did NOT quit smoking in the past 15 years.; The patient has signs or symptoms of Lung Cancer.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening (S8032).

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 did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms of Lung Cancer.

; 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. faxing rec.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

initial staging of esophageal 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 brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.

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

1) LYMPHADENOPATHY- Mr. Beckham is a middle aged gentleman who presented with syncopal episode. During work up, he was found to have HILAR AND MEDIASTINAL ADENOPATHY. His CT scan chest (6/11/13 @ WRMC) showed BILATERAL HILAR AND MEDIASTINAL LYMPHADENOPATH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/11/2013; There has not been any treatment or conservative therapy.; His repeat CT N/C/A/P (8/28/14) showed STABLE minimally prominent cervical nodes-felt to be reactive, STABLE prominent mediastinal and hilar nodes previously seen, slightly prominent retroperitoneal nodes-STABLE since 7/10/13.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Tongue 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 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

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 5 or more exams are being ordered.

Radiology Services Denied Not Medically Necessary

Evaluation of Bone Marrow for staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with with new severe 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.; 1 year ago but getting worse.; There has not been any treatment or conservative therapy.; Headache and intracranial pressure

Radiology Services Denied Not Medically Necessary

; This study is 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 strong tobacco use history reporting cough and unintentional weight loss. CTs to rule out any possible malignancy per patient concern.; There has not been any treatment or conservative therapy.; Cough. Weight loss, 15-20 pounds over 6 weeks per patient report. Hot flashes.

Radiology Services Denied Not Medically Necessary

1) LYMPHADENOPATHY- Mr. Beckham is a middle aged gentleman who presented with syncopal episode. During work up, he was found to have HILAR AND MEDIASTINAL ADENOPATHY. His CT scan chest (6/11/13 @ WRMC) showed BILATERAL HILAR AND MEDIASTINAL LYMPHADENOPATH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/11/2013; There has not been any treatment or conservative therapy.; His repeat CT N/C/A/P (8/28/14) showed STABLE minimally prominent cervical nodes-felt to be reactive, STABLE prominent mediastinal and hilar nodes previously seen, slightly prominent retroperitoneal nodes-STABLE since 7/10/13.

Radiology Services Denied Not Medically Necessary

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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; abnormal weight loss, cough.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Anemia.; This study is 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 not been any treatment or conservative therapy.; anemia

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Bone 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 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 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 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 Lymphoma of the spleen.; 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 Lymphoma.; 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 newly dx 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 Rectal 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 sclc; 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 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 stage IV 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

Evaluation of patient with Stage IV 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 stage IV Esophageal 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 Kidney 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 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

Evaluation of patient with Tongue 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 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 pt 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

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 2 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 5 or more 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

Initial staging of patient newly diagnosed 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

Negative hypocoagulable detection workup for the hpercoagulability status.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Roughly 2012-2013; There has been treatment or conservative therapy.; Upper extremity DVT and bilateral PEs; Currently on Eliquis, has tried Coumadin in the past

Radiology Services Denied Not Medically Necessary

Newly diagnosed breast cancer. Staging.; 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

Preoperative evaluation of patient with a Solitary Pulmonary Nodule. Looking for mets before surgery.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Pt has persistant cough w abnormal weigh loss. Pt is a smoker (1/4 a pack per day) Smokes since age 15 and has elavated CEA 9.1 (08/24/15) Hoarse.; A Chest/Thorax 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

sending 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

sending 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

sending 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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

Radiology Services Denied Not Medically Necessary

will fax rec; A Chest/Thorax 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

will send rec; A Chest/Thorax 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 being ordered for trauma or injury.; 12/05/2014; There has been treatment or conservative therapy.; NECK PAIN, UNABLE TO RAISE ARMS ABOVE HEAD, DECREASED ROM, AND PAIN RADIATING, LOSS OF FEELING, IN HIPS, TINGLING, DECREASED ROM ON PELVIS, LOSS OF MUSCLE STRENGTH; NORCO PAIN MED, PHYSICAL THERAPY, HOME STRECHING, WARM AND COLD COMPRESS

Radiology Services Denied Not Medically Necessary

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.; PT WITH CERVICAL CA. PT ALSO HAS BONE METASTASIS. PT HAVING DIFFICULTY WITH HER ARM. DR. CONCERNED ABOUT METASTATIC DISEASE. DR. WANTING MRI OF LT SHOULDER.; The patient has not had a recent CT of the shoulder.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

MEMBER WITH TYPE 1 VON WILLEBRAND DISEASE HAVING LEFT KNEE PAIN; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment. Evaluation of patient with newly dx lung cancer; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered. This is a request for CT Angiography of the Abdomen and Pelvis.

Radiology Services Denied Not Medically Necessary

1) LYMPHADENOPATHY- Mr. Beckham is a middle aged gentleman who presented with syncopal episode. During work up, he was found to have HILAR AND MEDIASTINAL ADENOPATHY. His CT scan chest (6/11/13 @ WRMC) showed BILATERAL HILAR AND MEDIASTINAL LYMPHADENOPATH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/11/2013; There has not been any treatment or conservative therapy.; His repeat CT N/C/A/P (8/28/14) showed STABLE minimally prominent cervical nodes-felt to be reactive, STABLE prominent mediastinal and hilar nodes previously seen, slightly prominent retroperitoneal nodes-STABLE since 7/10/13.

Radiology Services Denied Not Medically Necessary

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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; abnormal weight loss, cough.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Anemia.; This study is 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 not been any treatment or conservative therapy.; anemia

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Bone 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 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 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 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 Lymphoma of the spleen.; 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 Lymphoma.; 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 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

evaluation of patient with sclc; 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 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 stage IV 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

Evaluation of patient with Stage IV 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 stage IV Esophageal 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 Kidney 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 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

evaluation of pt 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 pt 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

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 rec; This study is being ordered for a metastatic disease.; There are 5 or more 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

initial staging for adenoid cystic carcinoma.; 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. Initial staging of patient newly diagnosed 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

Negative hypocoagulable detection workup for the hpercoagulability status.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Roughly 2012-2013; There has been treatment or conservative therapy.; Upper extremity DVT and bilateral PEs; Currently on Eliquis, has tried Coumadin in the past

Radiology Services Denied Not Medically Necessary

Newly diagnosed breast cancer. Staging.; 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

Preoperative evaluation of patient with a Solitary Pulmonary Nodule. Looking for mets before surgery.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

sending 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

sending 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

sending 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 an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; cervical displacia and has bloating and abdominal pain and nausea and vomiting

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 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.

Radiology Services Denied Not Medically Necessary

Pt diagnosed with myeloma and is in remission following treatment with induction with single transplant and some post-transplant Velcade. He has low-risk disease, CD-2. The important issue with Gregory is that he has evidence of amyloid. He certain; This study is being ordered for a metastatic disease.; There are 2 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

Patient with a hx of breast cancer now having chest pain. Pt is also having a CT Chest PE 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.

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.; 2 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 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 patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.

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 completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain 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 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

Evaluation of patient with a brain 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.

Radiology Services Denied Not Medically Necessary

evaluation of patient with Hodgkin's 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 Kidney 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 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.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with stage IV 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

evaluation of pt with Malignant neoplasm of rectosigmoid junction; This study is being ordered for a metastatic disease.; There are 2 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

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 2 PET Scans have already been performed on this patient for this cancer.

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 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 Cervical 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 Head/Neck 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.; 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 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 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

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

Patient has been on pain medication and muscle relaxer and patches but not improvement.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2014; It is not known if there has been any treatment or conservative therapy.; Patient shoulder pain neck pain and hurts to move.

Radiology Services Denied Not Medically Necessary

Patient has been on pain medication and muscle relaxer and patches but not improvement.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2014; It is not known if there has been any treatment or conservative therapy.; Patient shoulder pain neck pain and hurts to move.

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.

"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.

We need to check the pleural-based left lower lobe pulmonary abscess to see if it is resolving.; A Chest/Thorax 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 - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;

Pt had a MRI positive for Osteomyelitis in February. After completing 6 weeks of IV antibiotics patient is still experiencing pain, swelling and fever.; This study is being ordered for Inflammatory/ Infectious Disease.; 2/5/15; There has been treatment or conservative therapy.; fever, foot pain and swelling,; IV Vancomycin

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

unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 12/6/2014; There has not been any treatment or conservative therapy.; back pain

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 12/6/2014; There has not been any treatment or conservative therapy.; back pain

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/12/2015; There has not been any treatment or conservative therapy.; Headache and sinus

; 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.

daily headaches that wake pt up from sleep; 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.

nausea and vomiting; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for recent head trauma or injury.

Patient had a football injury yesterday, experiencing headache, lethargy, neck pain, and syncope.; This study is being ordered for trauma or injury.; 9/1/2015; There has been treatment or conservative therapy.; Headache, neck pain, injury, syncopal episode.; Patient has tried NSAIDS and it has not helped.

Patient had syncopal episode on yesterday, and continues to have weakness and 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.

PT COMPLAINS OF HEADACHE FOR 3 WEEKS. STUDY TO RULE OUT BITUTORY TUMORS AND EXOPHTHALMOS.; 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 has facial trembling.; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

pt has had headaches for the past 3 weeks. Was in a mva and that's when it started. Does not help when he takes otc pain reliever.; 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.

Pt has new c/o of memory impairment. States he has had cognitive I impairment x 1 yr worse recently. Short term impairment - says one day he was in truck and forgot where he was at. Difficulty remembering peoples' names, forgets what he was going to sa; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

since the patient fell on 9/9, he complains of headache and blurred vision; 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 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.; Recent (in the past month) trauma best describes the reason that I have requested this test.

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 trauma or injury.

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 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."; The study is requested for 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"

swelling R side of face w/ pressure; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 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 described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year) unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 06/02/15; There has been treatment or conservative therapy.; headaches, stuffiness, drainage/blockage, nasal polyps, swelling; nasal steroids, decongestant, 2 rounds of antibiotics

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 (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

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.; 7/28/2015; There has not been any treatment or conservative therapy.;

neck 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.; ; There has not been any treatment or conservative therapy.; neck mass

Solid nodule seen on recent thyroid ultrasound. Patient with neck pain, throat pain, hoarseness and cough; 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 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 suspicion of infection or abscess

"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

SEE NOTES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SEE NOTES; It is not known if there has been any treatment or conservative therapy.; SEE NOTES

There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.

none; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; BLURRED VISION, LOSS OF CONSCIOUSNESS, AND DIZZINESS

There is an immediate family history of 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 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 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.

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 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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/7/2015; It is not known if there has been any treatment or conservative therapy.; Fatigue, Malaise, non acute chest, arm pain, elbow pain both in the right side. Patient feels like they are going to pass out, dehydration, electrolyte imbalance low red blood count

; 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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/28/2015; There has been treatment or conservative therapy.; Intractable migraine; Fioricet

dizziness, blurry vision, nausea; 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.

Klippel-Feil syndrome, VP shunt; This study is being ordered for Congenital Anomaly.; Is congenital issue. Has been having pain for more than six months; There has been treatment or conservative therapy.; neck pain, headaches; Medication, pain management doctor, also patient has shunt in brain

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 lab results were normal; The patient is experiencing fatigue or malaise.

none; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; BLURRED VISION, LOSS OF CONSCIOUSNESS, AND DIZZINESS

none; This study is being ordered for a neurological disorder.; 09/14/2015; There has been treatment or conservative therapy.; slurred speech  headaches suspected blood clot  confusion disorientation; aspirin and plavex

none; This study is being ordered for a neurological disorder.; 7/28/15, headaches for 8 years; There has been treatment or conservative therapy.; headaches, parasthesia, numbness and tingling down arms and fingers. Difficult time turning neck, anxiety; pain medications

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.; has been having these problems for a long time; There has been treatment or conservative therapy.; weakness, changing in bladder habits, cervical pain.; Cervical fusion (surgery)

patient with known lesion of left frontal lobe of brain needs to have follow up MRI brain; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is not known if the headache is described as a “thunderclap” or the worst headache of the patient’s life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.

Physical Exam Findings: Pt having daily frontal headaches associated with nausea. Pt has a history of migraines but these daily headaches are different. Further eval of headaches started :06/30/2015; 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).

R/O why testosterone is low; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

R/O: stenosis; HNP; mass; stroke; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; thumb numbness, parasthesias in right shoulder and into right arm and hand. neck pain stenosis; HNP; mass; stroke;

Recurring headaches with nosebleeds; 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).

SEE NOTES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SEE NOTES; It is not known if there has been any treatment or conservative therapy.; SEE NOTES

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 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 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 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.; 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 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 stroke or TIA (transient ischemic attack).

This study is being ordered for a neurological disorder.; The past 7-9 months.; It is not known if there has been any treatment or conservative therapy.; Dizziness, paresthesia to the R side, vertigo, fatigue and SX down R leg with flexion of neck.

unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT 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 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.

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.

worsening headache; loss of balance; weight loss; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

"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.

< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

; "There is NO evidence of a lung, mediastinal or chest mass 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.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

3 month follow up from when CT discovered the mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

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 suspected pulmonary Embolus.

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.

Annual surveillance of 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.

Atypical 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 pain describes the reason for this request.; Another abnormality led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).

chest 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.

Chronic ear wave suction; A Chest/Thorax 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 obstructive pulmonary disease; 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.

copd ; sob; neg cardiac stress test; neg chest x ray; cough ; weight loss; 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.

COPD related symptoms: dyspnea, cough, wheezing and fatigue are chronic from a past smoking habit quitting smoking in December 2013. He finds albuterol inhaler helpful but does not use the flovent or atrovent inhalers as much. He is exposed ; to noxious fu; 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.
f/u to May 2015 CT to evaluate pulmonary nodules for change,; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

found nodular shadow in her LLL; "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.

History of 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 not a hematologist/ oncologist.

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.; 7/28/2015; There has not been any treatment or conservative therapy.;

neck 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.; ; There has not been any treatment or conservative therapy.; neck mass

Nodule seen on PET scan Right Lower Lung; 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.

'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.

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.

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.

patient had a CT coronary calcium score done 2/5/15 which incidentally showed a 4.5 mm nodule in left upper lobe. Patient due for 6 month follow up of 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 had CT chest 5 years ago which showed multiple granulomas, patient currently has a 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.

Patient has testicular cancer, 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.

Possible recurrence of sternal infection; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

she questional destiney behind the heart shadows; A Chest/Thorax 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 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 patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is 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.; < Enter answer here - or Type In Unknown If No Info Given. >; "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.; chronic cough since 1/6/15. shortness of breath, bronchitis, hx of asthma.; "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 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.

Patient has an aortic aneurism. Yearly evaluation; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for 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.

Pt c/o SOB, Dyspnea, and Chest Pain with and without activity; 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.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

FOOTBALL INJURY, EXPERIENCING HEADACHES, LETHARGY, NECK PAIN, AND SYNCOPE;
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 Asymmetric reflexes.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request
for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have
new or changing neurologic signs or symptoms.; There is no weakness or reflex
abnormality.; The patient does not have new signs or symptoms of bladder or bowel
dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being
ordered for a neurological disorder.; 01/16/2015; There has been treatment or
conservative therapy.; pt has vision changes, eye twitching, dizziness, neck pain and
radicular left arm pain; pt had pain medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/7/2015; It is not known if there has been any treatment or conservative therapy.; Fatigue, Malaise, non acute chest, arm pain, elbow pain both in the right side. Patient feels like they are going to pass out, dehydration, electrolyte imbalance low red blood count

Klippel-Feil syndrome, VP shunt; This study is being ordered for Congenital Anomaly.; Is congenital issue. Has been having pain for more than six months; There has been treatment or conservative therapy.; neck pain, headaches; Medication, pain management doctor, also patient has shunt in brain

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.; has been having these problems for a long time; There has been treatment or conservative therapy.; weakness, changing in bladder habits, cervical pain.; Cervical fusion (surgery)

Patient has had both Cervical and lumbar x-rays and CT.; This study is being ordered for trauma or injury.; 07/17/2015; There has been treatment or conservative therapy.; Degeneration of intervertebral disc.; Physical Therapy starting 8/5/2015. Anti inflammatory.

R/O: stenosis; HNP; mass; stroke; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; thumb numbness,parasthesias in right shoulder and into right arm and hand. neck pain stenosis; HNP; mass; stroke;

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; 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.

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; 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; ; 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; 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.; Reported by patient.  Location: numbness in the right arm  Quality: pain also in the top of the shoulder on the right  Duration: 3 weeks  Context: does manual labor for work, has to sue the left arm for some of her work projects now but usually is all

This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit

This is a request for cervical spine MRI; Trauma or recent injury; MVA c/o neck pain with numbness to right forearm and right thumb, having physical therapy and treated with medications with no improvement.; 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 study is being ordered for a neurological disorder.; The past 7-9 months.; It is not known if there has been any treatment or conservative therapy.; Dizziness, paresthesia to the R side, vertigo, fatigue and SX down R leg with flexion of neck.

We have exhausted all conservative therapy and she is still in pain.; This study is being ordered for trauma or injury.; 12/16/14; There has been treatment or conservative therapy.; Chronic pain with radiation to her shoulders.; NSAIDS, muscle relaxers, ice and heat therapy, narcotic pain medication and physical therapy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago; There has been treatment or conservative therapy.; Diffused joint pain. Back pain.  Generalized abdominal pain.; PT. Therapist states she needs MRI.
; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

03/17/2015; Abnormal L spine XR shows lumbar spondylosis and degenerative disc disease. Referrals to Specialists and physical therapy. ibuprofen, tylenol, meloxicam used x 1 month; R/O Spinal 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.; 03/16/2015; There has been treatment or conservative therapy.; Back pain, pain with rotation; Referrals to Specialists and to physical therapy, ibuprofen, tylenol, meloxicam have been used x 1 month and other anti-inflammatory meds used -4 months; R/O Spinal Stenosis

1. back pain Onset: 4 months ago. Severity level is 7. The problem is worsening. It occurs persistently. Location of pain is middle back and lower back. Additional information: she had a snowboarding accident in March in which she landed on her tailbone; This study is being ordered for trauma or injury.; MARCH 2015; There has been treatment or conservative therapy.; WORSENING PAIN MID AND LOWER BACK. SNOWBOARDING ACCIDENT. CONTINUED PAIN. NEGATIVE XR IN JULY.; CHIROPRACTOR; OXYCODONE-ACETAMINOPHEN

EVALUATION OF DISC DISEASE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; NECK AND BACK PAIN WITH RIGIDITY, LIMITED RANGE OF MOTION; PHYSICAL THERAPY, MEDICATION, SUPERVISED HOME EXERCISE

rule out compression 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.; 4-1-15, but patient states had been experiencing back pain 12-18 months prior to today's visit.; There has been treatment or conservative therapy.; Back pain, low back pain w/some dyesthesias; Chiropractic visits x 2 months, fingers get numb sometimes, and inner thigh on left, takes Tramadol for pain. Tenderness across back, diffusely on exam. Also, did physical therapy, and has used TENS Unit. Also, uses Xanax at bedtime.

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 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.; pt is having chronic back pain that keeps her from sleeping.

We have exhausted all conservative therapy and she is still in pain.; This study is being ordered for trauma or injury.; 12/16/14; There has been treatment or conservative therapy.; Chronic pain with radiation to her shoulders.; NSAIDS, muscle relaxers, ice and heat therapy, narcotic pain medication and physical therapy

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 06/04/2015; There has been treatment or conservative therapy.; Pain, limited range of motion and weight bearing; Physical therapy and injections and pain meds.

; 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.; 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 trauma or injury.; ; There has been treatment or conservative therapy.; ;

03/17/2015; Abnormal L spine XR shows lumbar spondylosis and degenerative disc disease.Referrals to Specialists and physical therapy.Ibuprofen,tylenol,meloxicam used x 1 month. R/O Spinal 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.; 03/16/2015; There has been treatment or conservative therapy.; Back pain,pain with rotation; Referrals to Socialists and to physical therapy,ibuprofen,tylenol,meloxicam have been used x 1 month and other anti inflammatory meds used -4 months. R/O Spinal Stenosis

1. back pain  Onset: 4 months ago. Severity level is 7. The problem is worsening. It occurs persistently. Location of pain is middle back and lower back. Additional information: she had a snowboarding accident in March in which she landed on her tailbon; This study is being ordered for trauma or injury.; MARCH 2015; There has been treatment or conservative therapy.; WORSENING PAIN MID AND LOWER BACK. SNOWBOARDING ACCIDENT. CONTINUED PAIN. NEGATIVE XR IN JULY.; CHIROPRACTOR OXYCODONE-ACETAMINOPHEN

back pain acute r/o possible pinched nerve and herniation; 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; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

EVAL FOR SHOTS OR POSSIBLE NEUROSURGEON REFERRAL; This study is being ordered for a neurological disorder.; 07/01/2015; There has been treatment or conservative therapy.; WEAKNESS PARESTHESIA IN RIGHT LEG PAIN IN UPPER BACK AND LOWER BACK, RADIATING DOWN TO BUTTOCKS,POSTERIOR THIG AND DOWN TO RIGHT FOOT SYMPTOMS HAVE ONLY WORSENERD SINCE STARTING PT; PT HAS HAD PHYSICAL THERAPY, SHE HAS BEEN USING OVER THE COUNTER IBUPROFEN AND PRESCRIBED NORFLEX

EVALUTION OF DISC DISEASE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; NECK AND BACK PAIN WITH RIDULOPHY, LIMITED RANGE OF MOTION; PHYSICAL THEARY, MEDICATION, SUPERVISED HOME EXERCISE

LUMBAR SPINE - THREE VIEW DATE: 07/20/2015.  HISTORY: Lower back pain Mild spondylosis at L1-L2 through L4-L5 with mild arthritic change involving the apophyseal joints of the lower lumbar spine. No acute lumbar spine abnormality identified.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

neither xray showed an fractures or abnormalities.; This study is being ordered for trauma or injury.; 02/22/2015; There has been treatment or conservative therapy.; Right hip pain and lower back pain. Constant pain.; Patient has been going to Chiropractor where she also participated in an exercise program.

Patient has had both Cervical and lumbar x-rays and CT.; This study is being ordered for trauma or injury.; 07/17/2015; There has been treatment or conservative therapy.; Degeneration of intervertebral disc.; Physical Therapy starting 8/5/2015. Anti inflammatory.

Patient is having trouble working with this pain and she has been seeing a chiropractor.; 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 AVN or Stress FX; This study is being ordered for a neurological disorder.; 2-3 mos; There has not been any treatment or conservative therapy.; Neuropathy; L hip pain w/radiculopathy and numbness

rule out compression 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.; 4-1-15, but patient states had been experiencing back pain 12-18 months prior to today's visit.; There has been treatment or conservative therapy.; Back pain, low back pain w/some dysthesias; Chiropractic visits x 2 months, fingers get numb sometimes, and inner thigh on left, takes Tramadol for pain. Tenderness across back, diffusely on exam. Also, did physical therapy, and has used TENS Unit. Also, uses Xanax at bedtime.

Spinal Stenosis, lumbar pain that run down legs. Possible pinched nerve at 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

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 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.; 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 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 Neurological deficit(s)

ABD vomiting after everything she eats; 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.

bone lesion R iliac wing) noted on MRI of Hip. Need dedicated CT to evaluate.; 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.

Coccyx pain: Persistent fever and worsening pain in low back after implantation and later removal of Epidural pain pump for infection of pump site. He has completed course of IV vancomycin yet still has symptoms. He has been evaluated at Baptist ER in c; 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.

none; This study is being ordered for Inflammatory/ Infectious Disease.; approx. 06/01/2015; There has not been any treatment or conservative therapy.; possible abscess, swelling, pt crying from extreme pain,

PROCEDURE: CT pelvis without contrast with sagittal and coronal reformation
DATE: 5/24/2015 Interval decrease in size of the left groin abscess collection post CT-guided drainage. There is some residual fluid within the abscess extending into the ili; 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.

suprapubic pain for 2-3 weeks.; Urine odor somewhat strong; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

R/O AVN or Stress FX; This study is being ordered for a neurological disorder.; 2-3 mos; There has not been any treatment or conservative therapy.; Neuropathy.; L hip pain w/radiculopathy and numbness

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 tumor, mass, neoplasm, or metastatic disease?

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.

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 not an orthopedist.; There is a history of upper extremity trauma or 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.; ; It is not known if there has been any treatment or conservative therapy.;

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient has had shoulder pain for 1 month, not improved with NSAIDs, has loss of range of motion and decreased strength.

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 injury 2 weeks ago; Acute pain; popping with rotation of shoulder ; pt has tried pain medication and muscle relaxer with no relief; extension over head limited to 160 degrees; limited range of motion; pain with supination 150 degrees; crepitus fe

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.; seen in office 8/4/15 complaining of R shoulder and back pain x6 months after slipping in shower. says his R shoulder hurts and pain goes down his back. Shoulder is "popping", Had an xray at another facility -says it showed possible rotator cuff tear. On

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 not completed and failed a course of conservative treatment of at least 4 weeks.; 1. Diverticulitis  Patrick Ingram is a 42-year-old gentleman significantly obese, with a long-standing history of reflux which has been worsening over the last 6 months, occasional eructation and occasional vomiting. He reports intermittent swallowing

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.; 7-month-old patient with chronic shoulder pain and possible subluxation revealed on shoulder x-ray

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; unknown

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.; 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 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 has a documented limitation of their range of motion.

none; This study is being ordered for Inflammatory/ Infectious Disease.; approx. 06/01/2015; There has not been any treatment or conservative therapy.; possible abscess, swelling, pt crying from extreme pain,
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 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 bilateral foot MRI.; Osteomyelitis of ankle or foot, left, acute  intact distal pulses, moves all extremities equally, normal strength, normal tone, L foot with distal 2nd toe with ulceration, R foot with 1st MTP joint with plantar surface ulcerations. R and L foot ulcerat

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 06/04/2015; There has been treatment or conservative therapy.; Pain, limited range of motion and weight bearing; Physical therapy and injections and pain meds.

; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.

has two weeks of right ankle pain with swelling, knot felt on ankle, unexplained pain in the ankle, walking problems; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.

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 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 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 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; 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.; 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; 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 patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.

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; 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.; 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 has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Redness; 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 patient has had a recent bone scan.; The bone scan was not normal.; Swelling , can see the hematoma; Suspicious Mass or Suspected Tumor/ Metastasis

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

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 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 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 not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 06/04/2015; There has been treatment or conservative therapy.; Pain, limited range of motion and weight bearing; Physical therapy and injections and pain meds.
; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

neither xray showed an fractures or abnormalities.; This study is being ordered for trauma or injury.; 02/22/2015; There has been treatment or conservative therapy.; Right hip pain and lower back pain. Constant pain.; Patient has been going to Chiropractor where she also participated in an exercise program.

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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

History of cancer, this is a six month follow-up; 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.

seen in office 7/16/15 Had abnormal labs related to liver enzymes. Had US 8/4/15 which showed : Nonspecific mild heterogeneous hyperechogenicity in the liver presumably relates to fatty infiltration. 2 cm hyperechogenic lesion right lobe, presumably ante; 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 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 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.

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.

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

Trying to check out her gallbladder.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

Yes, this is a request for CT Angiography of the abdomen.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; GENERALIZED BACK PAIN  ELEVATED AMYLASE AND LIPASE  20 POUND WEIGHT LOSS IN SIX MONTHS

History of 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 not a hematologist/ oncologist.

HISTORY: Abdominal mass, evaluate for hernia. 52-year-old female describes multiple areas of pain along the left lower anterior half of the abdomen, history of hernia surgery right lower quadrant.  Abdominal "indentions": The patient would like for; This is a 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.

Ms. MCHUGHES presents with a diagnosis of flank pain. This was diagnosed last night. The course has been episodic. It is of severe intensity. She estimates that the frequency of symptoms is every couple of minutes. The typical duration of an episode ; This is a 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.

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.

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.

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 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 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.

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.; 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.; 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 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 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.; 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.; epigastric pain and diarrhea for several days

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 HAD NAUSEA, FEVER, CHILLS, MYALGIAS, WEIGHT LOSS, BELCHING, VOMITING AND TICKLE IN THROAT. HE HAS ACID REFLUX AS WELL. THIS IS AN ON GOING PROBLEM

This is 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; <Enter Additional Clinical Information>

This is 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, n/v , elevated white count

This is 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, tenderness on exam

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Concerning irritable bowel syndrome, this has been a problem for the past 2 weeks. She estimates the stool frequency at 5 to 6 per day. Stools are described as loose and watery. Associated symptoms include abdominal bloating, abdominal cramping, arthra

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Constipation 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; Diabetic - N & V- CT 2013 SHOWED LIVER LESIONS- ADB 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; Low abdominal pain. This is not a pre-op but Pt. will be having a cholecystectomy in October. Is having abnormal liver function. Trying to rule out any abnormalities prior to surgery. Pt. has a family history of cancer.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; nausea, vomiting, cramping

This is 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 with history of diverticulosis. Patient has had a recent colonoscopy.

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;
GASTROINTESTINAL: normal bowel sounds; no masses or tenderness; hepatomegaly present, with liver edge palpable 4 cm below the RCM; no abdominal or inguinal hernia;   PT HAS BEEN HAVING UPPER AND LOWER ABD PAIN

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor

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.; 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 been a recent previous abdominal and or pelvis CT scan.; This would be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; 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.; Radiologist recommended pt have ct of abdomen/pelvis wo contrast. had ct w/ contrast that showed adrenal nodule.

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 acute pain.; There has been a physical exam.; The patient is male.; A rectal 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 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.

Cortisol level is elevated.; 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 known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.;" chronic hepatitis C infection/ encephalopathy/

This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.; The ordering physician is not a surgeon.; There are plain film or ultrasound evidence of vascular abnormality.;

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.;" Patient has been complaining of abdominal pain. CT of abdomen and pelvis performed and liver lesion found. Radiologist suggest that MRI of the liver be done.

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.;" soft tissue mass in the left retroperitoneal space found on CT abdomen/pelvis

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; upper quad pain  liver lesion was seen on ultrasound 5 ml by 3 ml

Yes, this is a request for CT Angiography of the abdominal arteries.

Mass seen on MRI; 6 month follow up study; 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.

The patient was diagnosed in 2008.; 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 known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.

< Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

; 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.

Cardiovascular: Cardiovascular: no arm pain on exertion or ankle edema and palpitations, shortness of breath when walking, and light-headed on standing; chest pain. Smoking Status: Current every day smoker; Hypertension: Y; 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; 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).

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.

patient had a CT coronary calcium score done 8/18/15 as part of an annual physical. Score was 869. Provider requesting a NM test; 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).

Reports intermittent substernal to left chest pain at least since last Thursday. Yesterday had bilateral jaw pain with some episodes. Denies SOB, but did have nausea yesterday, which has since resolved.; 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).

seen in office 8/14 complaining of palpitations - had EKG done which showed LVH. ECHO done 8/31 was ok. Returned to office 9/11/15 still having palpitations, having some dyspnea on exertion, and acute chest pain at times. Provider would like monitor and N; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; 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).

Severe CP and Shortness of Breadth and EKG 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).

Sub-sternal squeezing discomfort, left arm tingling-relieved by nitro after 5 minutes (3 days ago), continued fatigue. During chest pain, had SOB, felt clammy and nauseous. EKG showed anterior ST and T-wave changes.; 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 complains of an episode of chest discomfort that occurred 3 days ago. She states that she was at Wal-Mart and was walking across the store. She complained of sudden onset of chest discomfort and tightness. The patient states that when she stop; 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 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 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).; 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).; 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 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).

Woke up substernal Chest Pain radiating down arm and heaving feeling like a 30 lb weight laying on chest, fatigue and Diaphoretic.; 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).

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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 Melanoma.; This is for evaluation of regional lymph nodes.

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 Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.

< Enter answer here - or Type In Unknown If No Info Given. >; 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 quit smoking in the past 15 years.; The patient has signs or symptoms of Lung Cancer.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening (S8032).

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 did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms of Lung Cancer.

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 quit smoking in the past 15 years.; The patient does NOT have signs or symptoms of Lung Cancer.

Trying to R/O lung cancer; 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 did NOT quit smoking in the past 15 years.; The patient has signs or symptoms of Lung Cancer.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening (S8032).

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; Diffused joint pain. Back pain.  Generalized abdominal pain.; PT. Therapist states she needs MRI.

This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/05/2015; There has been treatment or conservative therapy.; eyes running and crusting  headaches; antibiotics and eye drops ; 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 study is being ordered for something other than: known 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

chronic headache increased in frequency lasting longer; 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

Fainting spells that just started.; 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

gets weekly migraines for 3-4 days at time and hyperpara thyroid; 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

Headache (784.0). He will need a CT angiogram of the brain and a CT of the brain at the same time.; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; HEADACHES  He developed vascular headaches about 2010 and they have gradually worsened. He now is having almost daily and they are more severe and are unusaul in character and severity. He will need another CNS scan. 2. VERTIGO  He has developed ve; Maxalt 5 mg tablet take 1 tablet by oral route once, may repeat at 2 hour intervals; do not exceed 30 mg in 24 hours 09/30/2014
light headed and dizziness; 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

med w/o relief; increasing pain w/no visual changes; no slurred speech; no memory lapse; 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.
Migraine Headache not relieved with anti-inflammatory medications.; 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

Mrs. Kosloski presents with headache. Mrs. Kosloski was diagnosed with migraine headaches 15 years ago. She has had prior headaches similar to this one. The current headache began approximately four days ago. The location is primarily temporal and beh; 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.
none; 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

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.

Radiology Services Denied Not Medically Necessary

patient is complaining of dizziness, shortness of breath, chest pain and also has hypertension; 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

Pt has a chronic HA, not improved with medications. Medications tried include Topamax, Imitrex; 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

symptoms have worsened despite treatments; This study is being ordered for a neurological disorder.; 7/21/2015; There has been treatment or conservative therapy.; abnormal gait, back pain, headaches, vertigo; meds, At home exercise.

Radiology Services Denied Not Medically Necessary

Syncope episodes and dizziness; 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.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.

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

tick bite on neck that didn't heal soft area on scalp deformity-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.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 06/02/15; There has been treatment or conservative therapy.; headaches, stuffiness, drainage/blockage, nasal polyps, swelling; nasal steroids, decongestant, 2 rounds of antibiotics

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/05/2015; There has been treatment or conservative therapy.; eyes running and crusting  headaches; antibiotics and eye drops

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/12/2015; There has not been any treatment or conservative therapy.; Headache and sinus

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/13/2015; There has been treatment or conservative therapy.; right side ear pain/chills/maxillary pain/ears popping/; medications

Radiology Services Denied Not Medically Necessary

R/O of Gland stone w/ facial swelling; 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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/13/2015; There has been treatment or conservative therapy.; right side ear pain/chills/maxillary pain/ears popping/; medications

Radiology Services Denied Not Medically Necessary

Patient had a football injury yesterday, experiencing headache, lethargy, neck pain, and syncope.; This study is being ordered for trauma or injury.; 9/1/2015; There has been treatment or conservative therapy.; Headache, neck pain, injury, syncopal episode.; Patient has tried NSAIDS and it has not helped.

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 study is being ordered for something other than: known 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

Headache (784.0). He will need a CT angiogram of the brain and a CT of the brain at the same time.; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; HEADACHES  He developed vascular headaches about 2010 and they have gradually worsened. He now is having almost daily and they are more severe and are unusaul in character and severity. He will need another CNS scan. 2. VERTIGO  He has developed ve; Maxalt 5 mg tablet take 1 tablet by oral route once, may repeat at 2 hour intervals; do not exceed 30 mg in 24 hours 09/30/2014

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the brain.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/28/2015; There has been treatment or conservative therapy.; Intractable migraine; Fioricet

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for a neurological disorder.; 09/14/2015; There has been treatment or conservative therapy.; slurred speech  headaches suspected blood clot  confusion disorientation; aspirin and plavex

Radiology Services Denied Not Medically Necessary

none; This study is being ordered for a neurological disorder.; 7/28/15, headaches for 8 years; There has been treatment or conservative therapy.; headaches, parasthesia, numbness and tingling down arms and fingers. Difficult time turning neck, anxiety; pain medications

Radiology Services Denied Not Medically Necessary

risk of brain 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.; January 2015; There has been treatment or conservative therapy.; headaches and blurred vision; physical therapy, medications

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

UNKNOWN; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; BLURRED VISION, LOSS OF CONSCIOUSNESS, AND DIZZINESS

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 01/16/2015; There has been treatment or conservative therapy.; pt has vision changes, eye twitching, dizziness, neck pain and radicular left arm pain; pt had pain medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 01/2015; There has not been any treatment or conservative therapy.; Pt is having dementia with behavioral disturbance.

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

memory lapses; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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

Patient has a seizure disorder and is complaining of recent onset of memory loss and speech difficulties.; 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.

Radiology Services Denied Not Medically Necessary

Pt had blunt force trauma to the head over a year ago; now having memory loss; 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. risk of brain 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.; January 2015; There has been treatment or conservative therapy.; headaches and blurred vision; physical therapy, medications

Radiology Services Denied Not Medically Necessary

See ICD 9 per MDO; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

try to rule out MS; This study is being ordered for a neurological disorder.;
02/18/2015; There has been treatment or conservative therapy.; neck pain,
dizziness,fatigue; medication and therapy

Radiology Services Denied Not Medically Necessary

UNKNOWN; This study is being ordered for a neurological disorder.; ; It is not known if
there has been any treatment or conservative therapy.; BLURRED VISION, LOSS OF
CONSCIOUSNESS, AND 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.; 6 to 8 weeks or longer; There has not been
any treatment or conservative therapy.; visual disturbances, neck pain ,and arm
parathesia

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT
is being ordered.; The study is being ordered for none of the above.; This study is being
ordered for non of the above.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being
ordered for Inflammatory/ Infectious Disease.; 08/10/2015; There has been treatment
or conservative therapy.; Chest pain, right upper pain and tenderness, reflux, fatty
stools.; medications-Nexxum

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

; This study is being ordered for something other than: known trauma or injury,
metastatic disease, a neurological disorder, inflammatory or infectious disease,
congenital anomaly, or vascular disease.; 07/30/2015; There has not been any
treatment or conservative therapy.; Weight loss

Radiology Services Denied Not Medically Necessary

EXPOSURE TO ASBESTOS; A Chest/Thorax CT is being ordered.; The study is being
ordered for none of the above.; This study is being ordered for non of the above.
Had a CT of A/P for flank pain. Noticed a RLL 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

mdo skipped clinical questions and will fax clinical.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

Patient has a history of lung cancer and now has back pain and cough; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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

Pt has lost 8lb liver a one year period. No factors resulting in weight stabalization or gain. Pt is diabetic. Associated with cold intolerance and fatigue. Denies night sweats. No family hx of cancer to his knowledge. R/O: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.; 09/25/2014; There has not been any treatment or conservative therapy.; NOURISHMENT-CACHETIC.O/W NORMAL,8LBS WEIGHT LOSS IN LAST YEAR.

Radiology Services Denied Not Medically Necessary

Screening for 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

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; chronic cough abnormal chest x ray; "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
Radiology Services Denied Not Medically Necessary

EVAL FOR SHOTS OR POSSIBLE NEUROSURGEON REFERRAL; This study is being ordered for a neurological disorder.; 07/01/2015; There has been treatment or conservative therapy.; WEAKNESS PARESTHESIA IN RIGHT LEG PAIN IN UPPER BACK AND LOWER BACK, RADIATING DOWN TO BUTTOCKS,POSTERIOR THIG AND DOWN TO RIGHT FOOT SYMPTOMS HAVE ONLY WORSENE SINCE STARTING PT; PT HAS HAD PHYSICAL THERAPY, SHE HAS BEEN USING OVER THE COUNTER IBUPROFEN AND PRESCRIBED NORFLEX
This is a request for a chest 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.; 04/01/2015; There has not been any treatment or conservative therapy.; Headache, thorasic and lumbar pain

Radiology Services Denied Not Medically Necessary

Pop in neck per patient and pain worse, turn heads R arm goes to sleep and neck pop; 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.
Bypassed for Clinical Submission; 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.; 04/01/2015; There has not been any treatment or conservative therapy.; Headache, thorasic and lumbar pain
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

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; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; upper extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; TENDERNESS & INFUSION; PAIN MGT , ORTHO APP, MEDICATION,

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/04/2015; There has been treatment or conservative therapy.; pain back and neck tenderness  decrease range of motion; medication PT

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; May 19, 2015; There has been treatment or conservative therapy.; numbness in upper extremities, pain, decreased range of motion.; medicatioin

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.; ; 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.; Neck pain noted. The location of discomfort is both sides of the neck. It radiates to the intrascapular area. The pain is characterized as moderate in intensity, constant, and stabbing. Initial onset was 3 weeks ago. There was no obvious precipitant; The patient 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 trauma or injury.; ; There has been treatment or conservative therapy.;;

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.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Patient is new to MDO office. Patient has degenerative disc disease. Pt has fractures with BILAT UE radicular 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; 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.; unknown

Radiology Services Denied Not Medically Necessary

none given; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right arm weakness with spasms; The patient 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 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 not been any treatment or conservative therapy.; neck and back pain, radiculopathy running down neck into lower back, tingling in arms

Radiology Services Denied Not Medically Necessary

Patient has had MRI of lumbar region. Impression: Mild disk bulge at L4/L5 with mild disk height loss and desiccation. Patient has diagnosis of 722.4 Degeneration of cervical intervertebral disc.; This study is being ordered for trauma or injury.; 11/14/2014; There has been treatment or conservative therapy.; Back pain with radiculopathy. Both arms and hand going numb.; Prednisone, Norco, and Cyclobenzaprine

Radiology Services Denied Not Medically Necessary

Patient has not had relief of pain with meds or steroid injections. Further evaluation is required.; This study is being ordered for Inflammatory/ Infectious Disease.; Patient first evaluated by Dr. Jackson for osteoarthritis in April 2015. Symptoms became progressively worse. Please allow further evaluation.; There has been treatment or conservative therapy.; Patient is complaining of neck and back pain. Pain radiates from his neck to lower back and into his left thigh.; Patient started anti-inflammatory meds in April of 2015. He has had steroid injections and tried med for neuralgia without effect.

Radiology Services Denied Not Medically Necessary

She reports that she has always considered herself healthy. But does have some chronic arthritis that is due to a motor vehicle accident that she had in 2005. She has had assorted treatment modalities for her injuries including long time Nsaid use, muscle; 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 back pain, arthralgias, gait problem, neck pain and neck stiffness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

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 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.; neck swelling and getting worse

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 in arm and hand, tingling in R wrist and arm, getting worse and wakes her up. HX of bulging disk. Pain in elbow.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; &Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; The reason for ordering this test is Neurologic 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; It is not known if the patient demonstrate neurological deficits.; This patient presents to the clinic complaining of migraine headaches. Patient has a history of herniated cervical discs and degenerative disc disease, and had surgery about 11 months ago. The patient c/o severe neck pain x 1 month.

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.; Head injury 3 weeks ago and is now having HA every day to keep her up at night.

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 had a recent fracture and it also shows that he has tender with the neck. chronic neck pain

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; <Enter Additional Clinical Information>

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past four (4) months the patient had six (6) weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise

Radiology Services Denied Not Medically Necessary

try to rule out MS; This study is being ordered for a neurological disorder.; 02/18/2015; There has been treatment or conservative therapy.; neck pain, dizziness,fatigue; medication and 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.; 6 to 8 weeks or longer; There has not been any treatment or conservative therapy.; visual disturbances, neck pain ,and arm parathesia

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 4/2015; There has been treatment or conservative therapy.; numbness leg and feet/ back pain/ muscle ache; meds

Radiology Services Denied Not Medically Necessary

Wants to send Pt. to a pain specialist and they require a MRI before referral.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2014; There has been treatment or conservative therapy.; Pain for about the last year, numbness in the R arm when he moves his neck, numbness in 4th and 5th fingers and pain down into the hips and legs.; PT and pain medications.

Radiology Services Denied Not Medically Necessary

will fax in the rest of the clinical information!; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; posterior neck pain radiating into the both arm  back pain , multiple degeneration in c3-c4 c5- to c6 and c6 to c7 bulging disc; physical therapy and medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/04/2015; There has been treatment or conservative therapy.; pain back and neck tenderness  decrease range of motion; medication PT

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 09/02/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; XRAY AND NAPROXEN AND STEROID PACK

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; May 19, 2015; There has been treatment or conservative therapy.; numbness in upper extremities, pain, decreased range of motion.; 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/01/2015; There has been treatment or conservative therapy.; neck and back pain; Physical therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; Couple months ago; There has been treatment or conservative therapy.; Pain, stiffness, stabbing pain; xray
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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Patient has had MRI of lumbar region. Impression: Mild disk bulge at L4/L5 with mild disk height loss and desiccation. Patient has diagnosis of 722.4 Degeneration of cervical intervertebral disc.; This study is being ordered for trauma or injury.; 11/14/2014; There has been treatment or conservative therapy.; Back pain with radiculopathy. Both arms and hand going numb.; Prednisone, Norco, and Cyclobenzaprine

Radiology Services Denied Not Medically Necessary

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.; none; 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 trauma or injury.; 4/2015; There has been treatment or conservative therapy.; numbness leg and feet/ back pain/ muscle ache; meds

Radiology Services Denied Not Medically Necessary

will fax in the rest of the clinical information!; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; posterior neck pain radiating into the both arm  back pain , multiple degeneration in c3-c4 c5- to c6 and c6 to c7 bulging disc; physical therapy and medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; increased pain in lower back that's radiating to right hip; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; TENDERNESS & INFUSION; PAIN MGT , ORTHO APP, MEDICATION,

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 09/02/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; XRAY AND NAPROXEN AND STEROID PACK

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.; 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 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.; 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.; ; 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.; 05/01/2015; There has been treatment or conservative therapy.; neck and back pain; Physical 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.; Couple months ago; There has been treatment or conservative therapy.; Pain, stiffness, stabbing pain; xray

Radiology Services Denied Not Medically Necessary

approx 8/28 was at the dump when he was hit in the back by the scoop of a backhoe, and was taken by ambulance to ED at Washington Regional Hosp. Then seen in ED at Mercy on 9/9/15 for continued pain - had CT of cervical spine and head - given naproxyn and; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

Arthritis symptoms: pain involving: the middle of the spine form T2 to T 12 which just had surgery at UAMS due to DDD and DJD, and the lumbar spine which has chronic DDD and DJD : severity = severe, and he is on chronic tramadol and flexaril. notes fatigu; 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

back pain not improved by conservative therapy, pain radiates bilaterally; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; decreased deep tendon reflexes and decreased range of motion bulging disc; The study requested is a Lumbar Spine MRI.; The patient has acute or

Radiology Services Denied Not Medically Necessary

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 InPatient complains of low back pain. The location is primarily in the lumbar spine. It does not radiate. He characterizes it as moderate in intensity, sharp, and aching. He states that the current episode ; 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 -The patient is having worsening lower back pain with sitting, standing, walking and stooping.; 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

has leg numbness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs with standing; The patient does not have new signs or symptoms of 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 from December shows Degenerative Disc Disease. Patient had to serve time,therefore, the MRI is too old to send this patient to a neurosurgeon. Patient continues to complain of lumbar back pain with radiculopathy.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.; 05/2015; There has not been any treatment or conservative therapy.; neck and back pain, radiculopathy running down neck into lower back, tingling in arms

Radiology Services Denied Not Medically Necessary

Patient has a history of severe lumbar radiculopathy for years. It is getting worse down her left leg. I'm going to increase her Lyrica to 150 mg 3 times a day, give her a cortisone shot, and sent her to anesthesia pain management. Her radiculopathy gets ; 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 failed 6 weeks of physical therapy and conservative treatment with anti inflammatory without releaf. Patient has history of herniated disk repair.; 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

Patient has had 6 weeks physical therapy and 6 weeks of conservative treatment with anti inflammatory 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.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; lumbar paraspinal tenderness, pain with extension, pain with flexion, pain with lateral bending.; Moderate DDD on x-ray.

Radiology Services Denied Not Medically Necessary

Patient has not had relief of pain with meds or steroid injections. Further evaluation is required.; This study is being ordered for Inflammatory/ Infectious Disease.; Patient first evaluated by Dr. Jackson for osteoarthritis in April 2015. Symptoms became progressively worse. Please allow further evaluation.; There has been treatment or conservative therapy.; Patient is complaining of neck and back pain. Pain radiates from his neck to lower back and into his left thigh.; Patient started anti-inflammatory meds in April of 2015. He has had steroid injections and tried med for neuralgia without effect.

Radiology Services Denied Not Medically Necessary

Patient presented to clinic with Lower Back Pain. Has had lower back pain for several years. The pain is worsening and is now radiating to his right lower extremity. Patient has recently passed a kidney stone, pain was still present after the stone passed; 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 seen in ED 6/24/15 for low back pain and leg pain - xray showed: Mild spondylosis at L2-L3 and L3-L4 with mild arthritic change involving the apophyseal joints of the lower lumbar spine. Given Norco and Medrol pack. Seen in office for 1st time o; 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 being seen for possible herniated disc. She has lumbar back pain with numbness and weakness to lower extremities.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Dr. Pyle is evaluating pt for a herniated disc. She has lumbar back pain w/ radiculopathy. Pt has Numbness and weakness in legs.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

pt. chronic low back pain, worsening and is radiating to legs; despite pain 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; 2% rt. knee and ankle jerk

Radiology Services Denied Not Medically Necessary

RULE OUT DISC PROBLEMS OR RECURRENT 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.; 06/01/2015; There has been treatment or conservative therapy.; LEFT HIP PAIN GOING INTO THE THIGHS, FRONT AND BACK PT ALSO HAVING SCIATICA; STRETCHES, STEROIDS, PHYSICAL THERAPY

Radiology Services Denied Not Medically Necessary

severe 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

She complains of lower back pain, which she says has bothered her off and on for 2 or 3 years, but it is just getting worse. She denies any history of any major trauma. She was bucked off a horse a few years ago and that was probably the biggest trauma sh; 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

symptoms have worsened despite treatments; This study is being ordered for a neurological disorder.; 7/21/2015; There has been treatment or conservative therapy.; abnormal gait, back pain, headaches, vertigo; meds, At home exercise.

Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.

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

This study is being ordered for a neurological disorder.; 4/20/2014; There has been treatment or conservative therapy.; radiculopathy left lumbar burning pain diabetic currently on insulin; medication felxaril gambopentin for nerve pain

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.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; patient has limited flexion 10-15 degree.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 4/2015; There has been treatment or conservative therapy.; numbness leg and feet/ back pain/ muscle ache; meds

Radiology Services Denied Not Medically Necessary

Wants to send Pt. to a pain specialist and they require a MRI before referral.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2014; There has been treatment or conservative therapy.; Pain for about the last year, numbness in the R arm when he moves his neck, numbness in 4th and 5th fingers and pain down into the hips and legs.; PT and pain medications.

Radiology Services Denied Not Medically Necessary

will fax in the rest of the clinical information!; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; posterior neck pain radiating into the both arm ; back pain ,; multiple degeneration in c3-c4 c5- to c6 and c6 to c7; bulging disc; physical therapy and medication

Radiology Services Denied Not Medically Necessary

patient reports she has a cyst in her left groin that has been there for a while she feels like it is growing It is currently not painful. but it is very concerning; 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.

Radiology Services Denied Not Medically Necessary

known neuroendocrine carcinoid tumor, had a small bowel resection in 2014; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;

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.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/06/2015 elbow  09/19/2014 knee; There has been treatment or conservative therapy.; pain, swelling, decrease of motion; OTC meds, prescription meds, physical therapy was for over 6 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.; Joe is in clinic today with complaints of pain in his right shoulder. He does prop it up in bed to read his Bible and thinks this might have aggravated the situation, he has limited ROM in shoulder

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 chronic pain, cant raise it up to 50 degrees, has been complaining for about 6 months

Radiology Services Denied Not Medically Necessary

xray was done, was normal; 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

none; This study is being ordered for Inflammatory/ Infectious Disease.; approx. 06/01/2015; There has not been any treatment or conservative therapy.; possible abscess, swelling, pt crying from extreme pain,

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.

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the lower extremity.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/3/2015; There has been treatment or conservative therapy.; SWELLING  UNABLE TO BEAR WEIGHT  PAIN  WARM TO THE TOUCH; TRIED ICE, MEDICATION AND ACE WRAPS AND ELEVATION AND NOTHING SEEMS TO HELP

Radiology Services Denied Not Medically Necessary

; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known 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.; 04/06/2015 elbow  09/19/2014 knee; There has been treatment or conservative therapy.; pain, swelling, decrease of motion; OTC meds, prescription meds, physical therapy was for over 6 weeks

Radiology Services Denied Not Medically Necessary

Patient fell in December 2014 and injured her knee. She has been using otc anti-inflammatory meds without success.; 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.; There is no conservative treatment of Physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.

Radiology Services Denied Not Medically Necessary

r/o BAKERS CYST; 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. This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; The ordering doctor is NOT an orthopedic specialist; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer

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 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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; increased pain in lower back that's radiating to right hip; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

RULE OUT DISC PROBLEMS OR RECURRENT 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.; 06/01/2015; There has been treatment or conservative therapy.; LEFT HIP PAIN GOING INTO THE THIGHS, FRONT AND BACK PT ALSO HAVING SCIATICA; STRETCHES, STEROIDS, PHYSICAL THERAPY

Radiology Services Denied Not Medically Necessary

This study is being ordered for a neurological disorder.; 4/20/2014; There has been treatment or conservative therapy.; radiculopathy left lumbar burning pain diabetic currently on insulin; medication felxaril gabapentin for nerve 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,  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

Radiology Services Denied Not Medically Necessary

ABDOMINAL PAIN AND ABNORMAL FINDINGS; 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

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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 01/2015; There has not been any treatment or conservative therapy.; Pt is having dementia with behavioral disturbance.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 08/10/2015; There has been treatment or conservative therapy.; Chest pain, right upper pain and tenderness, reflux, fatty stools.; medications-Nexxum

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/30/2015; There has not been any treatment or conservative therapy.; Weight loss

Radiology Services Denied Not Medically Necessary

Constipation abd pain family hx of colon ca tenderness; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Radiology Services Denied Not Medically Necessary

n/a; 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

Patient has a history of lung cancer and now has back pain and cough; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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

Pt has lost 8lb liver a one year period. No factors resulting in weight stabalization or gain. Pt is diabetic. Associated with cold intolerance and fatigue. Denies night sweats. No family hx of cancer to his knowledge. R/O: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.; 09/25/2014; There has not been any treatment or conservative therapy.; NOURISHMENT-CACHETIC.O/W NORMAL,8LBS WEIGHT LOSS IN LAST YEAR.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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.

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; right flank pain wakes her up at night. pain is sharp, can't get comfortable, feels bloated, no interest in eating. lost 6 pounds. patient is s/p lap chole. still has some acute pain. previous partial hysterectomy for fibroids

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; abdionmal 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 and 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; family history of pancreatic cancer. She has been having light colored stools and some other issues . frequent episodes of nausea/some 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; follow up appointment for pancreatic cyst

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; History of unspecified constipation since 2011. Has been having back and forth diarrhea and constipation for at least the past 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 is experiencing bloating Patient is experiencing fatigue Patient is experiencing unintentional 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 has frequent UTI's, unspecified urinary incontinence and abd 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; renal colic, abdominal pain, testicular and groin pain for 4 months, Dr. feels sure he has kidney stones

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has been a recent previous abdominal and or pelvis CT scan.; This would be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; 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.; Patient had Abd & Pelvis CT on 8/15/15 for eval of kidney stones. This CT revealed a suspicious mass and MRI imaging was recommended by radiologist to further address the mass. MRI revealed an enlarging retroperitoneal solid soft tissue mass. Because t

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

known neuroendocrine carcinoid tumor, had a small bowel resection in 2014; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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/ early heart diagnosis/ elevated crp/positive apo e3 and 34/; This is a request for a CT scan for evaluation of coronary calcification.

Radiology Services Denied Not Medically Necessary

she was told that MRI is better for screening with prior implants; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Radiology Services Denied Not Medically Necessary

Chest pain and 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

chest pain that moved from chest to neck and left arm member was sweating pain stopped with nitroglycerin; 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

diabetic patient with edema of lower extremity, shortness of breath and angina, ekg was abnormal; 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

Episodic chest pain: The patient states that he occasionally feels a sharp pain in his chest. The pain is generally located on the right anterior aspect of the chest. He denies any current chest pain. He states that the pain happens sometimes at rest and ; 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

Father has history of MI in late 30s. Pt has had significant chest pain and DOE after a short period of 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.; 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

given new symptoms of dyspnea would like to evaluate heart health; 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

Heart palpitation and fluttering , 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

Ms. Wright also complains of an intermittent chest pain over the last 4-5 months. She can almost lose her breath due to the clinching chest pain. The chest pain is non exertional, typically occurring when driving or just sitting. She thinks most of the ch; 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

pain , discomfort; 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 blood pressure 153/101 abnormal EKG T wave and lead 3 and V2 V3; 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

PT HAD A RECENT FALL AND HAS CONCUSSION IN HEAD; 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

PT IS HAVING DYSPNEA AND CP. CP IS IN CENTER OF CHEST WITH NO RADIATION. WORSE WITH EXERTION; IMPROVES UPON 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.

Radiology Services Denied Not Medically Necessary

seen in office 8/25/15 complaining of several episodes of stabbing pain in right jaw and subxiphoid area in past several months. Occurs at rest. Not related to meals. Has lasted up to 20 minutes. Also has noticed heart rate up above 100 several times.; 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 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

current smoker, more than 30 pack per year smoking history; 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.

Radiology Services Denied Not Medically Necessary

The study is being ordered for screening of lung cancer.; 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.

; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.

Unknown; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other;

Post op Kyphoplasty of known compression fracture with acute 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 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.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.

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 an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

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."; mass in kidney / cancer history
This is a request for a MR Angiogram of the abdomen.

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.
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.; numbness in arms and pain

Radiology Services Denied Not Medically Necessary

dhea is elevated and estrodiol is elevated extremely low testosterone level with no history of antibiotic steroid use; 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

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

; 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.

; 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 stroke or aneurysm.; This study is being ordered for screening for aneurysm or AVM.

; This study is being ordered for a metastatic disease.; There are 2 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.; 8/1/15; There has been treatment or conservative therapy.; NUMBNESS IN HANDS, MIGRAINES, DIZZINESS, SEVERE NEUROPATHY TO FEET.; ESI INJECTIONS, PT, HOME EXERCISE, MEDICATIONS. HE IS POST OP WITH COMPLICATIONS

Follow up CT after being hospitalized.; 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.

mri imaging demonstrates righ sided increased lateral ventricle caliber with multiple septations noted and trapping of the right lateral ventricle, also has signigicant swelling around the fornix and lateral ventricle. patiety is also experencing memory l; 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.; The study is requested for known or suspected brain tumor, mass or cancer.

patient has a shunt placed in 4/2015 and is now 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.

This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient has 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 something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or 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 evaluation of known tumor.

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 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 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 study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

Describe primary symptoms here - or Type In Unknown If No Info Given   Patient is status post Arnold-Chiari malformation surgery and has been having headaches and a blackout spell on 7/3/2015.; 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 not been any treatment or conservative therapy.;

Enter answer here - or Type In UnCerebral arterial aneurysm Persistent headaches Neck pain known If No Info Given.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

headaches, numbness, facial drooping, slowed speech; This study is being ordered for a neurological disorder.; unknown-patient states she has been having issues for several years; It is not known if there has been any treatment or conservative therapy.; The patient notes that for several years she has had episodes where she passes out for no reason, her left leg or arm will go numb, she will have right facial drooping or numbness. She also complains of severe headaches for several months. She states that

Pt coming for follow up of vertebral artery dissection and ischemic stroke. Last imaging 4/15/15: MRI - An Acute left posterior superior cerebellar hemisphere, an abnormal marrow signal in the clivus and calvarium; CTA - Short segment of dissection is see; This study is being ordered for Vascular Disease.; 04/15/2015; There has been treatment or conservative therapy.; Known vertebral artery dissection and ischemic stroke, history of vertigo, weakness in all extremities and balance loss; Pt was placed on dual antiplatelet therapy - aspirin and plavix
Yes, this is a request for CT Angiography of the brain.

Describe primary symptoms here - or Type In Unknown If No Info Given
Patient is status post Arnold-Chiari malformation surgery and has been having headaches and a blackout spell on 7/3/2015.; 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 not been any treatment or conservative therapy.;

Enter answer here - or Type In UnCerebral arterial aneurysm
Persistent headaches
Neck pain
known If No Info Given.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Pt coming for follow up of vertebral artery dissection and ischemic stroke. Last imaging 4/15/15: MRI - An Acute left posterior superior cerebellar hemisphere, an abnormal marrow signal in the clivus and calvarium; CTA - Short segment of dissection is see; This study is being ordered for Vascular Disease.; 04/15/2015; There has been treatment or conservative therapy.; Known vertebral artery dissection and ischemic stroke, history of vertigo, weakness in all extremities and balance loss; Pt was placed on dual antiplatelet therapy - aspirin and plavix

Yes, this is a request for CT Angiography of the Neck.

MEMBER WITH POSSIBLE NASAL MENINGOCELE, HAVING FRONTAL LOBE HEADACHES, LETHARGY, EMESIS, VOMITING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/22/2015; There has not been any treatment or conservative therapy.; HEADACHES, EMESIS, LETHARGY, HAS A MIDFACE DEFECT.

; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.;

pt fell water skiing and the next morning started having HA with nausea and dizziness. pt also has history of sinus thrombosis.; This study is being ordered for trauma or injury.; 7-26-15; There has been treatment or conservative therapy.; HA with nausea and dizziness.; ice and NSAIDS

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.

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 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 has a known 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 has a known aneurysm.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; 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 not physical findings or laboratory values indicating abnormal pituitary hormone levels.; It is not known if there has been a previous Brain MRI completed.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/9/2015; There has been treatment or conservative therapy.; Pain in Lower back and down neck- shooting, burning numbness, weakness, bowel and bladder changed, need cane falls, PTC in 2008- low pressures, headaches, Syncope; MEDS

; 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 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 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 2 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 neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.;

Chiari malformation patient type 1; This study is being ordered for a neurological disorder.; Duration has been months; There has been treatment or conservative therapy.; Weakness, stress at night, numb, tingling, pain radiating down both arms, neck tender; Medications, rest, anti-flam med
evaluate lesions; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

FOLLOW UP EVALUATION IN MEMBER WITH GLIOBLASTOMA WHO GRADE IV, WITH NUMBNESS IN HER LEFT EXTREMITIES, SEIZURES; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

MEMBER WITH POSSIBLE NASAL MENINGOCELE, HAVING FRONTAL LOBE HEADACHES, LETHARGY, EMESIS, VOMITING; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/22/2015; There has not been any treatment or conservative therapy.; HEADACHES, EMESIS, LETHARGY, HAS A MIDFACE DEFECT.

none; This study is being ordered for a neurological disorder.; 1/16/2015; There has been treatment or conservative therapy.; follow up after surgery, worsening headaches post op, some changes but not all; medications, previous surgery
Patient complains of having "stroke-like" symptoms.; This study is being ordered for a neurological disorder.; 08/24/2015; There has not been any treatment or conservative therapy.; Left arm weakness, losing strength and dropping items. Also stated at the time his left leg weak.

Patient has a Chiari Malformation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;

Patient is post-op from right retromastoid craniotomy with resection of acoustic neuroma. She continues to have post-operative complications that include right facial paralysis, fatigue, loss of balance.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.

PIAL ARTERIOVENOUS MALFORMATION OF THE RIGHT PARIETAL REGION WITH ARTERIAL SUPPLY BY A BRANCH OF THE RIGHT POSTERIOR PARIETAL ARTERY AND SUPERFICIAL VENOUS DRAINAGE, INTRACEREBRAL HEMORRHAGE, LEFT SIDED NUMBNESS/WEAKNESS, 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.

Post op MRI surgery back in July; 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 fell water skiing and the next morning started having HA with nausea and dizziness. pt also has history of sinus thrombosis.; This study is being ordered for trauma or injury.; 7-26-15; There has been treatment or conservative therapy.; HA with nausea and dizziness.; ice and NSAIDS

Sever HA ON LEFT SIDE OF HER HEAD  14MMX16MM CYSTS; 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).

Surveliance; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.

The patient had surgery on 6/9/15, post op appointment 7/24/15 has been having symptoms since surgery. The level of pain has increased within the past week.; This study is being ordered for a neurological disorder.; 11/1/2014; There has been treatment or conservative therapy.; worsening headaches, dizziness, vision changes; The patient has been on glynuride for Chiari Malformation.

This is for therapy planning.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.

This request is for a Brain MRI; Recent (in the past month) trauma best describes the reason that I have requested this test.

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; 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 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 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 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 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.; 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; 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.; This study is being ordered for a tumor.

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.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown

To R/O red herring cervical spine; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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.; 05/11/2015; There has been treatment or conservative therapy.; worsening headaches, post op; 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.

< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to known tumor with or without metastasis.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; There is a reason why the patient cannot have a Cervical Spine MRI.; Caller does not know how many follow-up Cervical Spine CTs the patient has had.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; This combination request does not include an OB Ultrasound.

; 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.; 3/2015; There has been treatment or conservative therapy.; Leg weakness, Numbness; physical therapy, Epidural Steroid Injection

; This study is being ordered for a neurological disorder.; 8/1/15; There has been treatment or conservative therapy.; NUMBNESS IN HANDS, MIGRAINES, DIZZINESS, SEVERE NEUROPATHY TO FEET.; ESI INJECTIONS, PT, HOME EXERCISE, MEDICATIONS. HE IS POST OP WITH COMPLICATIONS

; 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.

Cubital tunnel syndrome Degeneration of cervical intervertebral disc - Onset: 12/12/2014 Degeneration of lumbar intervertebral disc Chronic back pain Disorder of thoracic spine Muscle spasticity of spinal origin Neuralgia - Onset: 11/26/2014 Functi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/4/14; There has been treatment or conservative therapy.; ; Supervised physical therapy and hydrocodone

Hardware placement; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

needed to check cervical fusion.; 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 has already had a Cervical MRI.  New MRI shows cervical stenosis at C4/5, 5/6 and C6/7 despite C5-7 ACDF. She also has known myelomalacia of the cord. I explained to her that due to the damage to her spinal cord she may always have symptoms sim; 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 had an MRI, DISH DESEASE ONLY FOUND ON A CT SCAN.; 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 had Cervical Spine MRI 7/8/2015 abnormal 3 level decompression of neck; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

pt having pain associated with mba and a fall/ pain in right side/ occipital region/ aching pain shooting and stabbing. pain is severe /stiffness in morning/ headaches leg pain numbness paresis tingling and weakness; 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 recent C-spine MRI-very large anterior osteophytes. Pre-surgical.; 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.

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 Lower extremity weakness.

This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to known tumor with or without metastasis.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; There is a reason why the patient cannot have a Cervical Spine MRI.

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 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.

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT

trying to see if there is residual stenosis from previous surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/03/2014; There has been treatment or conservative therapy.; Cervical radiculopathy; Home exercise , occupational therapy we are needing to look at the pts previous fusion; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; This combination request does not include an OB Ultrasound.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/2014; There has been treatment or conservative therapy.; this is a follow up to surgery; surgery and rehab
; This study is being ordered for a metastatic disease.; There are 2 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.; 3/2015; There has been treatment or conservative therapy.; Leg weakness, Numbness; physical therapy, Epidural Steroid Injection
; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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.; ;

Enter answer here - or Type In MRI demonstrates multi-level degenerative changes, central lumbar stenosis from L2-3, L5-S1 with thoracolumbar dextro-scoliosis Unknown If No Info Given.; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info MRI demonstrates multi-level degenerative changes, central lumbar stenosis from L2-3, L5-S1 with thoracolumbar dextro-scoliosis Given

Patient has already had a MRI. For fusion surgery, need to see CT scan.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.

Patient underwent a T10 to L3 posterior fusion with L1-T12 decompression and possible corpectomy on 01/19/15 @ St. Vincent Infirmary.; This study is 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 2014; There has been treatment or conservative therapy.; Patient is 5 months s/p T9 to L4 fusion with decompression at T12 and L1 for traumatic fracture with instability. He had a traumatic dural tear from posterior element fractures with nerve roots outside the thecal sac and adherent to surrounding tissues. T; Physical Therapy Prescription; ; ; Patient: William Perry Rutledge; DOB: 05/07/1958; Date: 02/27/2015; Procedure: ; ; Diagnosis:; 1. Lumb/lumbosac Disc Degen (722.52) ; 2. Lumbago (724.2) ; ; Treatment Location:; Lumbar Spine; ; Treatment:; Plan:; Ph

The patient does have 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.; The patient is not experiencing or presenting abnormal gait, lower extremity weakness, asymmetric reflexes, recent fracture, or radiculopathy.; The patient is experiencing sensory abnormalities such as numbness or tingling.

This gentleman has an extremely complex spine. Surprisingly from talking to him, it seems that the disc abnormality was present at T12-L1 as far back as 2009, however, I do not know whether the rupture has progressed since that time. Certainly, it is; This study is being ordered for a neurological disorder.; 01/01/2013; There has been treatment or conservative therapy.; pain radiating into legs; Mr White has tried physical therapy in the past but had no lasting effects, he has had massage and it has helped.

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.; 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 has a recent fracture or abnormality seen on a previous imaging study; 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.; The patient is experiencing or presenting radiculopathy documented on EMG or nerve conduction study.; There is a known condition of neurological deficits.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/9/15; There has been treatment or conservative therapy.; chronic back pain, degeneration of lumbar disc, spinal stenosis, severe low back pain; home exercise , OTC medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >; This combination request does not include an OB Ultrasound.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/2014; There has been treatment or conservative therapy.; this is a follow up to surgery; surgery and rehab

; This study is being ordered for a metastatic disease.; There are 2 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 a neurological disorder.; 3/2015; There has been treatment or conservative therapy.; Leg weakness, Numbness; physical therapy, Epidural Steroid Injection

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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 trauma or injury.; ; There has been treatment or conservative therapy.;

Enter answer here - or Type InMRI demonstrates multi-level degenerative changes, central lumbar stenosis from L2-3, L5-S1 with thoracolumbar dextro-scoliosis Unknown If No Info Given.; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No InfoMRI demonstrates multi-level degenerative changes, central lumbar stenosis from L2-3, L5-S1 with thoracolumbar dextro-scoliosis Given

Patient underwent a T10 to L3 posterior fusion with L1-T12 decompression and possible corpectomy on 01/19/15 @ St. Vincent Infirmary.; This study is 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 2014; There has been treatment or conservative therapy.; Patient is 5 months s/p T9 to L4 fusion with decompression at T12 and L1 for traumatic fracture with instability. He had a traumatic dural tear from posterior element fractures with nerve roots outside the thecal sac and adherent to surrounding tissues. T; Physical Therapy Prescription   Patient: William Perry Rutledge DOB: 05/07/1958 Date: 02/27/2015 Procedure:   Diagnosis: 1. Lumb/lumbosac Disc Degen (722.52)  2. Lumbago (724.2)   Treatment Location: Lumbar Spine  Treatment: Plan: Ph

PATIENT WAS IN A CAR 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.; 6/30/15; There has not been any treatment or conservative therapy.; LOW BACK PAIN AND NECK PAIN, MUSCLE WEAKNESS, NUMBNESS IN HANDS AND LEGS

This gentleman has an extremely complex spine. Surprisingly from talking to him, it seems that the disc abnormality was present at T12-L1 as far back as 2009, however, I do not know whether the rupture has progressed since that time. Certainly, it is being ordered for a neurological disorder.; This study is being ordered for a neurological disorder.; 01/01/2013; There has been treatment or conservative therapy.; pain radiating into legs; Mr White has tried physical therapy in the past but had no lasting effects, he has had massage and it has helped.

This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.; still having symptoms.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/9/15; There has been treatment or conservative therapy.; chronic back pain, degeneration of lumbar disc, spinal stenosis, severe low back pain; home exercise , OTC medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 2013; There has been treatment or conservative therapy.; Severe back and neck pain; Steroid 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.; ; The patient 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; 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.

; This study is being ordered for a metastatic disease.; There are 2 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 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.; 08/01/2015; There has been treatment or conservative therapy.; pain in posterior cervical spine with occasional numbness and tingling of left hand; anti-inflammatory medication

; This study is being ordered for a neurological disorder.; 1997; There has been treatment or conservative therapy.; right sided neck pain, pain in right anterior leg to the knee, numbness and tingling in right hip, restless legs and burning in her feet.; physical therapy, lyrica

; This study is being ordered for a neurological disorder.; 3/1/15; There has been treatment or conservative therapy.; RADICULOPATHY TO BILATERAL UPPER AND LOWER EXTREMITIES,PAIN IN NECK AND LOW BACK.; ESI INJECTIONS, PHYSICAL THERAPY, HOME EXERCISE, OTC MEDICATIONS AND PRESCRIPTION MEDICATIONS ALL WITHIN A 3 MONTH PERIOD

; This study is being ordered for a neurological disorder.; unknown onset date... pt initial appt was 1/9/15; There has been treatment or conservative therapy.; pain between shoulder blades, burning in legs bilaterally, gait disturbance.. feels legs give out and has fallen several times last few weeks, post cervical and lumbar surgery; esi x3, therapy, advil, gabapentin, norco

; This study is being ordered 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.;

Chiari malformation patient type 1; This study is being ordered for a neurological disorder.; Duration has been months; There has been treatment or conservative therapy.; Weakness, stress at night, numb, tingling, pain radiating down both arms, neck tender; Medications, rest, anti-flam med
evaluate lesions; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

EVALUATION LIPOMYELOMENINGOCELE; This study is being ordered for Congenital Anomaly.; 01/09/2015; There has not been any treatment or conservative therapy.; LUMBOSACRAL LIPOMYELOMENINGOCELE, POSSIBL NEUROGENIC BOWEL AND BLADDER

FOLLOW UP EVALUATION IN MEMBER WITH GLIOBLASTOMA WHO GRADE IV, WITH NUMBNESS IN HER LEFT EXTREMITIES, SEIZURES; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

FOR CONTINUED CARE FOLLOW UP; This study is being ordered for Congenital Anomaly.; 10/16/2013; There has not been any treatment or conservative therapy.; MULTIPLE CONGENITAL ABNORMALITIES OF THE SPINE, INCLUDING FATTY FILUM AND A SMALL CERVICAL SYRINX, FREQUENT URINARY TRACT INFECTIONS, KYPHOSIS, HYDRONEPHROSIS AND HYDROURETER ON THE LEFT, HEMIVERTEBRA, A BUTTERFLY VERTEBRA,

none; This study is being ordered for a neurological disorder.; 1/16/2015; There has been treatment or conservative therapy.; follow up after surgery, worsening headaches post op, some changes but not all; medications, previous surgery
Patient complains of having "stroke-like" symptoms.; This study is being ordered for a neurological disorder.; 08/24/2015; There has not been any treatment or conservative therapy.; Left arm weakness, losing strength and dropping items. Also stated at the time his left leg weak.

Patient has a Chiari Malformation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;

PATIENT IS A CANDIDATE FOR INJECTIONS, REQUEST A MRI FOR TREATMENT PLAN.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; DIFFICULTY WITH BALANCE AND BILATERAL HAND NUMBNESS AND DECREASED STRENGTH IN BOTH UPPER EXTREMITIES.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Patient is having decreased strength in his right arm and leg post surgery. Patient had a thoracic decompression on 07/02/15 due to a epidural abscess.; This study is being ordered for a neurological disorder.; 12/22/2014; There has been treatment or conservative therapy.; Patient is having decreased strength in his right arm and leg post surgery.; physical therapy, Aleve 220 mg tablet, GABAPENTIN 300 mg ORAL CAPSULE patient was diagnosis w distal thoracic syringomyelia during evaluation of back pain. and per patient was also diagnosed with Arnold Chiari Malformation.; This study is being ordered for a neurological disorder.; 2007; There has not been any treatment or conservative therapy.; The patient describes the pain as burning, piercing, sharp, shooting and stabbing.

Patient with continued myelopathy affecting activities of daily living and safety. Unrelieved with conservative measures. Suspected stenosis in cervical and thoracic spine due to extremity weakness and numbness.; This study is being ordered for a neurological disorder.; 1/01/2012; There has been treatment or conservative therapy.; Myelopathy. Back pain with radiation to bilateral lower extremities. Pain is ache, burning, deep, and dull. Symptoms of numbness, limping, tenderness, tingling in legs, and weakness to bilateral upper and lower extremities. Cramping to bilateral feet. Dee; Physical therapy- worsened symptoms.  Epidural steroid injections- minimal symptom relief. Muscle relaxer: Soma- minimal symptom relief.  Narcotic: Norco- minimal symptom relief.  Ibuprofen, ice- minimal symptom relief.

Positive Lhermitts sign, neck and low back pain; This study is being ordered for a neurological disorder.; Several months ago- May 2015; There has been treatment or conservative therapy.; neck pain to the occiput area to shoulder/scapular area.  Low back pain to hip/buttock area.; Physical therapy, Prescription therapy/otc meds

severe neck pain, new numbness to left 3 fingers, pain radiating to left arm and upper back; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral weakness; The patient 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 had surgery on 6/9/15, post op appointment 7/24/15 has been having symptoms since surgery. The level of pain has increased within the past week.; This study is being ordered for a neurological disorder.; 11/1/2014; There has been treatment or conservative therapy.; worsening headaches, dizziness, vision changes; The patient has been on glynuride for Chiari Malformation.

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; 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; 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.; 2 yr f/u

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; 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; It is not known if there is evidence of tumor or metastasis on bone scan or x-ray.; Suspected Tumor with or without Metastasis; pt headaches worsening w/in last 2 wks, several blackouts since 1st of aug. has tunnel vision. lightheadedness and passes out. has confirmed chiari malformation.

This is a request for cervical spine MRI; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; 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; 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; No, the last Cervical spine MRI was not performed within the past two weeks.

This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits

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.;

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;

This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit

This is a request for cervical spine MRI; Trauma or recent injury; none; 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; pt with trauma to the spine 3 years ago. having burning pain in neck, mid and low back. pts mri t spine shows syringomyelia. need mri to determine if this is in cervical spine as well.; 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 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.; 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 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.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown

To R/O red herring cervical spine; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

trying to see if there is residual stenosis from previous surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/03/2014; There has been treatment or conservative therapy.; Cervical radiculopathy; Home exercise , occupational therapy

Unknown.; This study is being ordered for trauma or injury.; May 2014; There has been treatment or conservative therapy.; 10 month post op ACDF at C5 and C6 with ongoing severe mechanical pain with radiculopathy. MD suspect she may have adjacent level discopathy at C4, C5. she still seems to have some left C4 radiculopathy. Concerned about loosening of the ventral fusion p; NSAIDs, Prednisone, other medications, home exercise program,

unknown; This study is being ordered for a neurological disorder.; 05/11/2015; There has been treatment or conservative therapy.; worsening headaches, post op; surgery

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/14/2014; There has been treatment or conservative therapy.; chronic neck and back pain with lower extremity weakness; oral medications, epidural steroid injections, pt, home exercises

X ray films demonstrate L5 spondylosis with a mild slip; This study is being ordered for a neurological disorder.; Low back and neck pain for months with radiating symptoms. Bilateral leg pain; There has been treatment or conservative therapy.; Neck pain that radiates to upper back shoulder/scapular area. Low back pain that radiates to bilateral hip/buttock area to bilateral legs.; Physical therapy, prescription therapy

There are no documented clinical 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."; Progressive disease muscle wasting

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."; we saw pt for neck, mid and low back pain. on MRI c spine, there is partially visualized syrinx at T5, need full T spine MRI to view entire syrinx.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/9/2015; There has been treatment or conservative therapy.; Pain in Lower back and down neck- shooting, burning numbness, weakness, bowel and bladder changed, need cane falls, PTC in 2008- low pressures, headaches, Syncope; MEDS

; This is a request for a thoracic 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 recent evidence of a thoracic spine fracture.

; This study is being ordered for a metastatic disease.; There are 2 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 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.; 08/01/2015; There has been treatment or conservative therapy.; pain in posterior cervical spine with occasional numbness and tingling of left hand; anti-inflammatory medication

; This study is being ordered for a neurological disorder.; 1997; There has been treatment or conservative therapy.; right sided neck pain, pain in right anterior leg to the knee, numbness and tingling in right hip, restless legs and burning in her feet.; physical therapy, lyrica

; This study is being ordered for a neurological disorder.; June 2014; There has been treatment or conservative therapy.; mid and low back pain with leg pain; ESI, NSAIDS, PT

; This study is being ordered for a neurological disorder.; unknown onset date... pt initial appt was 1/9/15; There has been treatment or conservative therapy.; pain between shoulder blades, burning in legs bilaterally, gait disturbance.. feels legs give out and has fallen several times last few weeks, post cervical and lumbar surgery; esi x3, therapy, advil, gabapentin, norco

; This study is being ordered for Congenital Anomaly.; 6 months worsening in the last 3 weeks unrelated to any specific incident.; Cont w low back pain that radiates to right hip/buttock area. No leg pain. No foot numbness. Seems to radiate up to the mid spine.; Pain rated: 5-8/10 (sharp) Better w heat/ic; There has been treatment or conservative therapy.; low back pain that radiates to right hip/buttock area radiate up to the mid spine.; Previous TX- Chiropractic x 2 visits. No PT. Cortisone injections 3 months 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.; ; There has been treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.;

Arnold Chiari; This study is being ordered for a neurological disorder.; 6/30/2015; There has been treatment or conservative therapy.; decreased ROM, reflex issues, unable to extend arm, orientation is unstable (unsteady gait), weakness, falling issues. numbness, fine motor control problems, mild back and R leg pain.; medications

Cubital tunnel syndrome; Degeneration of cervical intervertebral disc - Onset: 12/12/2014; Degeneration of lumbar intervertebral disc; Chronic back pain; Disorder of thoracic spine; Muscle spasticity of spinal origin; Neuralgia - Onset: 11/26/2014; Functi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/4/14; There has been treatment or conservative therapy.; ; Supervised physical therapy and hydrocodone

evaluate lesions; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

EVALUATION LIPOMYELOMENINGOCELE; This study is being ordered for Congenital Anomaly.; 01/09/2015; There has not been any treatment or conservative therapy.; LUMBOSACRAL LIPOMYELOMENINGOCELE, POSSIBL NEUROGENIC BOWEL AND BLADDER

FOLLOW UP EVALUATION IN MEMBER WITH GLIOBLASTOMA WHO GRADE IV, WITH NUMBNESS IN HER LEFT EXTREMITIES, SEIZURES; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

FOR CONTINUED CARE FOLLOW UP; This study is being ordered for Congenital Anomaly.; 10/16/2013; There has not been any treatment or conservative therapy.; MULTIPLE CONGENITAL ABNORMALITIES OF THE SPINE, INCLUDING FATTY FILUM AND A SMALL CERVICAL SYRINX, FREQUENT URINARY TRACT INFECTIONS, KYPHOSIS, HYDRONEPHROSIS AND HYDROURETER ON THE LEFT, HEMIVERTEBRA, A BUTTERFLY VERTEBRA,

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.

None; 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.; 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.; Ongoing and no relief; Baclofen , Diclosenac, Lyrica , Norco , Oxycodone . Robaxin , Voltaren Gel

Patient is having decreased strength in his right arm and leg post surgery. Patient had a thoracic decompression on 07/02/15 due to an epidural abscess.; This study is being ordered for a neurological disorder.; 12/22/2014; There has been treatment or conservative therapy.; Patient is having decreased strength in his right arm and leg post surgery.; physical therapy, Aleve 220 mg tablet, GABAPENTIN 300 mg ORAL CAPSULE patient was diagnosed with distal thoracic syringomyelia during evaluation of back pain. and per patient was also diagnosed with Arnold Chiari Malformation.; This study is being ordered for a neurological disorder.; 2007; There has not been any treatment or conservative therapy.; The patient describes the pain as burning, piercing, sharp, shooting and stabbing.

PATIENT WAS IN A CAR 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.; 6/30/15; There has not been any treatment or conservative therapy.; **LOW BACK PAIN AND NECK PAIN, MUSCLE WEAKNESS, NUMBNESS IN HANDS AND LEGS**

Patient with continued myelopathy affecting activities of daily living and safety. Unrelieved with conservative measures. Suspected stenosis in cervical and thoracic spine due to extremity weakness and numbness.; This study is being ordered for a neurological disorder.; 1/01/2012; There has been treatment or conservative therapy.; Myelopathy. Back pain with radiation to bilateral lower extremities. Pain is ache, burning, deep, and dull. Symptoms of numbness, limping, tenderness, tingling in legs, and weakness to bilateral upper and lower extremities. Cramping to bilateral feet. Dee; Physical therapy- worsened symptoms.  Epidural steroid injections- minimal symptom relief. Muscle relaxer: Soma- minimal symptom relief.  Narcotic: Norco- minimal symptom relief.  Ibuprofen, ice- minimal symptom relief.

Qualitatively, the pain is rated as moderate-to-severe.; This study is being ordered for trauma or injury.; Summer of 2014; There has been treatment or conservative therapy.; Back and right leg pain; Physical therapy, mexloxicam, dexamthasone, tylenol with codine

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, difficulty with any activity. Lumbar Spine MRI looked good except for a small syrinx, that can be seem distally toward the T11 and T12, has burning sensation in her feet, she's been on Gabapentin, Tramadol, Baclofen and Lidocaine patche; 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.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Tried physical therapy; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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 not presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; "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 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.; "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 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.; Bilateral arm pain and numbness. Neck pain that radiates into his left arm. He complains of sharp burning in his left thigh. He also complains of mid-thoracic and interscapular pain. He has been out of work since May and desires to go back to work. He sta; 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 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.; This is a very pleasant 52M with significant complaints of N/T and weakness progressing over the last 9-12 months. He is clearly myelopathic on exam and spastic with ataxic gait. His lower extremity symptoms are more profound than his upper extremities. H; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

This is a request for a thoracic spine MRI.; There is a known condition of neurological deficits.; The study is being ordered due to pre-operative evaluation.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 study is 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 have treat his neck now trying to find what is causing these problems; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; mid to low back pain radiating in to lower extremities with pain and numbness; Medrol dose pak

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/9/2015; There has been treatment or conservative therapy.; Pain in Lower back and down neck- shooting, burning numbness, weaknes , bowel and bladder changed, need cane falls, PTC in 2008- low pressures, headaches, Syncope; MEDS

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 2013; There has been treatment or conservative therapy.; Severe back and neck pain; Steroid injections

; The study 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.;

; 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

; 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.; 02/2015; There has been treatment or conservative therapy.; increased back and hip pain, worsening; PT, LESI's, NSAIDS

; This study is being ordered for a neurological disorder.; 3/1/15; There has been treatment or conservative therapy.; RADICULOPATHY TO BILATERAL UPPER AND LOWER EXTREMITIES,PAIN IN NECK AND LOW BACK.; ESI INJECTIONS, PHYSICAL THERAPY, HOME EXERCISE, OTC MEDICATIONS AND PRESCRIPTION MEDICATIONS ALL WITHIN A 3 MONTH PERIOD

; This study is being ordered for a neurological disorder.; Dec. 2014; There has been treatment or conservative therapy.; mid and low back pain with extremity pain worsening; PT, Inject, Medication therapy

; This study is being ordered for a neurological disorder.; June 2014; There has been treatment or conservative therapy.; mid and low back pain with leg pain; ESI, NSAIDS, PT

; This study is being ordered for Congenital Anomaly.; 6 months worsening in the last 3 weeks unrelated to any specific incident.; Cont w low back pain that radiates to right hip/buttock area. No leg pain. No foot numbness. Seems to radiate up to the mid spine.; Pain rated: 5-8/10 (sharp) Better w heat/ic; There has been treatment or conservative therapy.; low back pain that radiates to right hip/buttock area radiate up to the mid spine.; Previous TX- Chiropractic x 2 visits. No PT. Cortisone injections 3 months 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.; ; 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 not been any treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

Arnold Chiari; This study is being ordered for a neurological disorder.; 6/30/2015; There has been treatment or conservative therapy.; decreased ROM, reflex issues, unable to extend arm, orientation is unstable (unsteady gait), weakness, falling issues. numbness, fine motor control problems, mild back and R leg pain.; medications

Cubital tunnel syndrome; Degeneration of cervical intervertebral disc - Onset: 12/12/2014; Degeneration of lumbar intervertebral disc; Chronic back pain; Disorder of thoracic spine; Muscle spasticity of spinal origin; Neuralgia - Onset: 11/26/2014; Functi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/4/14; There has been treatment or conservative therapy.; ; Supervised physical therapy and hydrocodone

evaluate lesions; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

EVALUATION LIPOMYELOMENINGOCELE; This study is being ordered for Congenital Anomaly.; 01/09/2015; There has not been any treatment or conservative therapy.; LUMBOSACRAL LIPOMYELOMENINGOCELE, POSSIBL NEUROGENIC BOWEL AND BLADDER

FOLLOW UP EVALUATION IN MEMBER WITH GLIOBLASTOMA WHO GRADE IV, WITH NUMBNESS IN HER LEFT EXTREMITIES, SEIZURES; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

FOR CONTINUED CARE FOLLOW UP; This study is being ordered for Congenital Anomaly.; 10/16/2013; There has not been any treatment or conservative therapy.; MULTIPLE CONGENITAL ABNORMALITIES OF THE SPINE, INCLUDING FATTY FILUM AND A SMALL CERVICAL SYRINX, FREQUENT URINARY TRACT INFECTIONS, KYPHOSIS, HYDRONEPHROSIS AND HYDROURETER ON THE LEFT, HEMIVERTEBRA, A BUTTERFLY VERTEBRA,

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.; 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.

None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Reflex decreased numbness rt foot patient cannot stand patient fell and is having low back pain and leg pain, has had previous back surgery in 2007; 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 A CANDIDATE FOR INJECTIONS, NEEDING NEW MRI FOR FURTHER TREATMENT PLAN.; 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 IS HAVING NUMBNESS DOWN BOTH LEGS WITH WEAKNESS. DECREASED LEG STRENGTH WITH DECREASED BALANCE.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Patient is status post lumbar fusion 08/26/14. She was pushing a shopping cart and it hit a crack and caused it to flip over, she tried catching it and tensed up pulling her back.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Positive Lhermitts sign, neck and low back pain; This study is being ordered for a neurological disorder.; Several months ago- May 2015; There has been treatment or conservative therapy.; neck pain to the occiput area to shoulder/scapular area.  Low back pain to hip/buttock area.; Physical therapy, Prescription therapy/otc meds

Qualitatively, the pain is rated as moderate-to-severe.; This study is being ordered for trauma or injury.; Summer of 2014; There has been treatment or conservative therapy.; Back and right leg pain; Physical therapy, mexlocicam, dexamthasone, tylenol with codine

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.

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.; 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 tumor with or without metastasis

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 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 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 patient is presenting new symptoms.; It is not known if the study is for follow up or staging.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/14/2014; There has been treatment or conservative therapy.; chronic neck and back pain with lower extremity weakness; oral medications, epidural steroid injections, pt, home exercises

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 have treat his neck now trying to find what is causing these problems; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; mid to low back pain radiating in to lower extremities with pain and numbness; Medrol dose pak

will fax; 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 had a Lumbar Spine MRI performed within the past 2 weeks.; The patient is not experiencing new or changing symptoms.

X ray films demonstrate L5 spondylosis with a mild slip; This study is being ordered for a neurological disorder.; Low back and neck pain for months with radiating symptoms. Bilateral leg pain; There has been treatment or conservative therapy.; Neck pain that radiates to upper back shoulder/scapular area. Low back pain that radiates to bilateral hip/buttock area to bilateral legs.; Physical therapy, prescription therapy
; 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.
bilateral hip pain.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Ms Oglesby is a 64 year old that presents with low back and left hip pain. She has been having problems when her arms are extended and working on things and doing sweeping, mopping, walking. She has to take breaks and sit for a little and get some relief.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

patient has hip pain PT 6 week 3x 6-2015 l; 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.

I have had a lengthy discussion with the patient and his mother today. My concern is that he has significantly elevated CRP , which is concerning for malignancy. His sedimentation rate is elevated as well as 69. Could this be a paraneoplastic syndrome ? C; This study is being ordered for Inflammatory/ Infectious Disease.; 9/8/15; There has been treatment or conservative therapy.; Severe and chronic pain, swelling, numbness; Colcrys 0.6 mg tablet  Take 1 tablet(s) twice a day by oral route.  09/18/15 prescribed Debra Brent, APN   doxycycline hyclate 100 mg capsule  Take 1 capsule(s) twice a day by oral route.  09/10/15 entered Lucinda Graves   hydrocodone 10 m

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 with left shoulder pain and + impingement

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.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability

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 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 receiving long-term steroid 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 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 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 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 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 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 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."; follow up per radiologist on what was seen on a CT of Lumbar

headaches, numbness, facial drooping, slowed speech; This study is being ordered for a neurological disorder.; unknown-patient states she has been having issues for several years; It is not known if there has been any treatment or conservative therapy.; The patient notes that for several years she has had episodes where she passes out for no reason, her left leg or arm will go numb, she will have right facial drooping or numbness. She also complains of severe headaches for several months. She states that

Radiology Services Denied Not Medically Necessary

Describe primary symptoms here - or Type In Unknown If No Info Given
Patient is status post Arnold-Chiari malformation surgery and has been having headaches and a blackout spell on 7/3/2015.; 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 not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

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.

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

; This study is being ordered for a neurological disorder.; 11/2014; There has been treatment or conservative therapy.; severe headaches with neck and left arm pain, passing out with decreased memory loss; PT, prescription 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.; March 2015; There has been treatment or conservative therapy.; neck and mid back pain, shoulder pain, with severe headaches, MRI-C shows DDD; prescription therapy

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

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

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; pain in mid back and low back radiating around ribs and abdomen; nerve blocks, epidural steroid injections, gabapentin, zanaflex
Enter answer here - or Type In Sellar or suprasellar mass; Weight gain; Amenorrhea; Lump on neck; DDD (degenerative disc disease), lumbar; Insomnia; Department: Neurosurgery Clinic ; Sched Instruct: Next available; ; Comment: Ct of chest abdomen and pe; 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

looking at fusion of bones; 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 is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.

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.; 11/2014; There has been treatment or conservative therapy.; severe headaches with neck and left arm pain, passing out with decreased memory loss; PT, prescription 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.; ; There has not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; patient has history of cervical spondylosis and had MRI done in March;however, patient had a rafting accident in July and now has worsening symptoms.

Radiology Services Denied Not Medically Necessary

last mri on file was from 1/27/14. need updated mri to review for stenosis and possible surgery; 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.; hyperflexia

Radiology Services Denied Not Medically Necessary

Looking for any nerve or spinal chord compression.; 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.; Hand BILAT L worse than R; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

neck pain rt arm pain down to fingers, bilateral lower extremity pain; This study is being ordered for a neurological disorder.; 05/07/2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; oral meds, pt x8 sessions, home exercises,

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for a neurological disorder.; 2010; There has not been any treatment or conservative therapy.; Urinary and bowel incontinence, weakness in lower extremities bilaterally, numbness in bilateral feet, and right hand weakness.

Radiology Services Denied Not Medically Necessary

Pt with history of neck pain with radiation to the right thumb and middle fingers after falling through an attic floor about 2 months ago. Patient reports weakness to the grip, imbalance and swaying for 1 month. She has been managed by Zanaflex; 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.; Reflexes: 2+, no clonus, positive Hoffman's sign; Assessment: Neck Pain, Cervical Radiculopathy, Hyperreflexia

Radiology Services Denied Not Medically Necessary

Pt with neck pain radiating to bilateral upper extremities down to fingers, Pt has tried Zanaflex with no relief; 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

Pt with neck pain since 1987 after being beaten up by another girl. Pt also has right hand pain and numbness for 1 year and says her pain is worse when driving or writing. Pt was referred to Dr Abuelem for neurosurgical evaluation; 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

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

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; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Dec. 2014; There has been treatment or conservative therapy.; mid and low back pain with extremity pain worsening; PT, Inject, Medication 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 2015; There has been treatment or conservative therapy.; neck and mid back pain, shoulder pain, with severe headaches, MRI-C shows DDD; prescription therapy

Radiology Services Denied Not Medically Necessary

hx of falls; 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.; lower extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.

Radiology Services Denied Not Medically Necessary

None; This study is being ordered for a neurological disorder.; 2010; There has not been any treatment or conservative therapy.; Urinary and bowel incontinence, weakness in lower extremities bilaterally, numbness in bilateral feet, and right hand weakness.

Radiology Services Denied Not Medically Necessary

Surveillance, follow up visit; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2012; It is not known if there has been any treatment or conservative therapy.; Pain

Radiology Services Denied Not Medically Necessary

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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.; Shanna is now 34. She resides in Heber Springs and Greers Ferry area. She is an administrative assistant for First Electric Cooperative. She is almost 2 years out from MIS transforaminal lumbar interbody fusion at L3-4 L4-5. She had done rather well follo; 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.; This 64 year old presents with bilateral shoulder pain and interscapular pain. He states he only has minimal pain in his neck. He states he has had severe pain in his arms in the past but not at this time. He complains of mild numbness in his arms and han; 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 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.

Radiology Services Denied Not Medically Necessary

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Twice week arms and hands give out.. just seconds.. the "arms and hands" just drop. no neck pain.. no radicular pain in arms.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

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.; Range of motion in the Lumbar Spine: Flexion: Reduced by 30-40%; Extension: Reduced by 30-40%; Right Rotation: Reduced by 30-40%; Left Rotation: Reduced by 30-40%; Right Side Bend: Reduced by 30-40%; Left Side Bend: Reduced by 30-40%; The patient does not have new signs or symptoms of 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 not been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

back back and neck 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

DUE TO THE INCREASING PAIN WITH NUMBNESS AND WEAKNESS, POSSIBLE DISC BULGE.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT HAS WEAKNESS IN BILATERAL LEGS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

He has seen the chiropractor in the past but stopped going because it was making his pain worse. He takes hydrocodone-acetaminophen 10-325 for mostly his back pain and it helps. He has done physical therapy for his lumbar pain and it did not help.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He has numbness and tingling in his lower extremities. His pain starts midline and radiates to his bilateral hips. The pain radiates down his bilateral legs with the left being worse than the right. His legs will give out at times. His back pain is made 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.

Radiology Services Denied Not Medically Necessary

Lonita Davis reports today for a post operative visit. She had a C5-6 and C6-7 ACDF on 12/18/2014 at Freeway Medical Center. Patient was here previously on 5/12/15 and she complained of right arm pain that was in the same location as prior to her surgery; 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

neck pain rt arm pain down to fingers, bilateral lower extremity pain; This study is being ordered for a neurological disorder.; 05/07/2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; oral meds, pt x8 sessions, home exercises,

Radiology Services Denied Not Medically Necessary

need more recent imaging; 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

None; This study is being ordered for a neurological disorder.; 2010; There has not been any treatment or conservative therapy.; Urinary and bowel incontinence, weakness in lower extremities bilaterally, numbness in bilateral feet, and right hand weakness.

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.; 6-2005 for back and 2-2015 for thigh; There has been treatment or conservative therapy.; back pain numbness and tingling with a mass in thigh; facet injection for l spine

Radiology Services Denied Not Medically Necessary

Patient has low back pain radiating to her bilateral legs, worse on the right. Her Xrays show a grade I/II spondylolisthesis at L5/S1. We will start PT and obtain an MRI of her lumbar spine. We will give her tramadol and muscle relaxer to help with her pa; 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.

Radiology Services Denied Not Medically Necessary

Patient reports LBP with pain to his hips and posterior legs with N/T. He has severe L4-5 spinal stenosis and an EMG consistent with radiculopathy at L4/5 and L5-S1. I explained to him that surgical decompression would likely give him relief of his leg pa; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Chief Complaint:  Lower back pain that radiates into his legs bilaterally, left worse than right.  History of Present Illness This 58 year old male presents with lower back pain that radiates into the lateral aspect of his legs bilaterally, left wor; 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

pt with back pain for 10 years, worse in last week after white water rafting. tried physical therapy about 4 months ago with little relief. has been taking hydrocodone with little 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 with pain in neck, mid and lower back. pts mri T spine shows syringomyelia. need mri lumbar spine to see if syrinx is there also; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above radiculopathy radiating into right buttock and right thigh, intermittent right leg numbness; 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

Spinal synopsis and lumbar cyst; 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

Surveillance, follow up visit; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2012; It is not known if there has been any treatment or conservative therapy.; Pain

Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Neurologic deficits

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.; The patient does have a new foot drop.

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 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.

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 Pre-operative evaluation; The patient has not had a Lumbar Spine MRI performed within the past 2 weeks.

Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.

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 an Abnormal nerve study involving the lumbar spine

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 is a complicated case. Patient has long standing low back pain and left leg pain with N/T. These symptoms started after a hysterectomy. I think the N/T in her left leg may be due to her incision and damage to the lateral femoral cutaneous nerve. She ; 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

Unknown.; This study is being ordered for trauma or injury.; May 2014; There has been treatment or conservative therapy.; 10 month post op ACDF at C5 and C6 with ongoing severe mechanical pain with radiculopathy. MD suspect she may have adjacent level discopathy at C4, C5. she still seems to have some left C4 radiculopathy. Concerned about loosening of the ventral fusion p; NSAIDs, Prednisone, other medications, home exercise program,

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Sellar or suprasellar mass; Weight gain; Amenorrhea; Lump on neck; DDD (degenerative disc disease), lumbar; Insomnia; Department: Neurosurgery Clinic ; Sched Instruct: Next available; ; Comment: Ct of chest abdomen and pe; 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 study is being ordered for a neurological disorder.; 02/2015; There has been treatment or conservative therapy.; increased back and hip pain, worsening; PT, LESI's, NSAIDS

Radiology Services Denied Not Medically Necessary

I have had a lengthy discussion with the patient and his mother today. My concern is that he has significantly elevated CRP , which is concerning for malignancy. His sedimentation rate is elevated as well as 69. Could this be a paraneoplastic syndrome ? C; This study is being ordered for Inflammatory/ Infectious Disease.; 9/8/15; There has been treatment or conservative therapy.; Severe and chronic pain, swelling, numbness; Colcrys 0.6 mg tablet  Take 1 tablet(s) twice a day by oral route.  09/18/15 prescribed Debra Brent, APN   doxycycline hyclate 100 mg capsule  Take 1 capsule(s) twice a day by oral route.  09/10/15 entered Lucinda Graves   hydrocodone 10 m

Radiology Services Denied Not Medically Necessary

Unknown.; This study is being ordered for a neurological disorder.; May 2015; There has been treatment or conservative therapy.; Carpal tunnel, shoulder pain, weakness, paresthesia, diminished abduction of right and left shoulder, tenderness;; 2 X PT

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.; 6-2005 for back and 2-2015 for thigh; There has been treatment or conservative therapy.; back pain numbness and tingling with a mass in thigh; facet injection for l spine

Radiology Services Denied Not Medically Necessary

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; knee pain. numbness. in wheel chair

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; pain in mid back and low back radiating around ribs and abdomen; nerve blocks, epidural steroid injections, gabapentin, zanaflex
Enter answer here - or Type In Sellar or suprasellar mass; Weight gain; Amenorrhea; Lump on neck; DDD (degenerative disc disease), lumbar; Insomnia; Department: Neurosurgery Clinic ; Sched Instruct: Next available; ; Comment: Ct of chest abdomen and pe; 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 are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>

Radiology Services Denied Not Medically Necessary

<Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.
; 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 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 a previous stroke or aneurysm.

; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for headache.

HISTORY OF SEIZURE DISORDER WITH NEW ONSET INTERMITTENT SPEECH DISTURBANCE.; 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.

On set of Parkinson diseases; 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 just having 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.

since cardiac arrest patient is now experiencing memory loss, confusion, short tempered; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.

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.; 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 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."; The study is requested for headache.

"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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; This combination request does not include an OB Ultrasound.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 06/01/2015; There has not been any treatment or conservative therapy.; dizziness vision changes numbness

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/2015; There has not been any treatment or conservative therapy.; right eye drooping, occasional headaches

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; HA BEGAN IN 2004  DOUBLE VISION STARTED TWO WEEKS AGO; There has not been any treatment or conservative therapy.; HA, double vision, dizziness

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; headaches history of aneurysms; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ip bypass; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

; This study is being ordered for 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.; CC: Neurological sxs of tingling.    HPI: Ms Barbee is a 50 year old right handed woman was seen in neurology clinic for transient neurological symptoms. During one of her episode she had left sided facial numbness (forehead and chin, not neck). She ; There has been treatment or conservative therapy.; Current outpatient prescriptions:atorvastatin (LIPITOR) 40 MG tablet, Take 1 tablet (40 mg total) by mouth nightly at bedtime., Disp: 30 tablet, Rfl: 11; clopidogrel (PLAVIX) 75 mg tablet, Take 1 tablet (75 mg total) by mouth daily., Disp: 30 tablet, Rfl; Since her last event, she has bitemporal headache, without changes in vision, sometimes its dull, sometimes its pulsating. She has along with it nausea, no vomiting, some photosensitivity and phonophobia.     An MRI of brain and MRA were 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.; ; 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.;

Evaluate for occlusion of carotid artery; This study is being ordered for Vascular Disease.; pt began having problems with numbness in January 2015. She has had abnormal MRI and Carotid Dopplers indicating possibility of occlusion of the carotid artery. The radiologist suggested she have CTA performed.; There has not been any treatment or conservative therapy.; limb pain, paresthesia, stroke on MRI, neck pain
Follow up to visit at ER; This study is being ordered for a neurological disorder.;
7/13/15; There has not been any treatment or conservative therapy.; TIA; Confusion; Weakness

history of stroke; This study is being ordered for a neurological disorder.; 09/12/2015;
There has been treatment or conservative therapy.; left arm numbness, speech slurring, syncope episode; medication

If there are further episodes of lightheaded sensation be sure to lie down immediately so as not to progress to a seizure.; If there are more episodes of faint sensation then a cardiac event monitor is needed.; Start levetiracetam for seizure disorder.; ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Mr. Amonette has been seen regarding headaches, idiopathic seizures, left radial and ulnar injuries, and white matter changes that may reflect migraine or cerebrovascular disease. At his last visit in June gabapentin was increased to 600 mg 4 times a d; There has been treatment or conservative therapy.; Headaches; Headaches remain quite problematic. Once or twice every day for about an hour he will have a right supraorbital pain and slight nausea on occasion and slight light sensitivity is no prodrome and in particular no neurologic deficit associated w; clonidine HCl 0.1 mg tablet; take 1 tablet by oral route 2 times every day; 03/17/2015; ; ; N; meloxicam 15 mg tablet; take 1 tablet by oral route every day;

Provider Plan; The risk of stroke when off antiplatelet therapy for colonoscopy was discussed; the risk is small but non-zero. From the description it appears that the colonoscopy is an important study that would likely justify this risk.; This study is being ordered for a neurological disorder.; right stroke with right intracranial carotid high-grade stenosis or occlusion 9, 2014 with residual left weakness. The cause is unclear; atherosclerotic risk factors include hypercholesterolemia; he was on depo-testosterone at the time of the event.; There has been treatment or conservative therapy.; right stroke with right intracranial carotid high-grade stenosis or occlusion 9, 2014 with residual left weakness. The cause is unclear; atherosclerotic risk factors include hypercholesterolemia; he was on depo-testosterone at the time of the event.; C; clopidogrel 75 mg tablet; Xanax 0.5 mg tablet; Flexeril 10 mg tablet; fenofibrate micronized 134 mg capsule; hydrocodone 10 mg-acetaminophen 325 mg tablet; amitriptyline 50 mg tablet; Xanax 1 mg tablet

r/o ms and stroke; This study is being ordered for Vascular Disease.; 03/19/2015; There has been treatment or conservative therapy.; Headaches/memory impairment/numbness/speech difficulty/tingling/difficulty swallowing/fatigue/malaise; medication/cta

Right vert/Bilateral ICA with atherosclerosis by angiogram in 2013 without severe stenosis.; This study is being ordered for Vascular Disease.; 10/08/2012; There has been treatment or conservative therapy.; dizziness when turning head to the right, no other symptoms noted at this time. CTA head and neck to monitor cerebrovascular disease.; Plavix 75 mg ; Aspirin 81 mg

Rule out brain aneurysm.; This study is being ordered for a neurological disorder.; 8/19/2015; There has not been any treatment or conservative therapy.; Rule out brain aneurysm.

unknown; This study is being ordered for a neurological disorder.; July 2015; There has been treatment or conservative therapy.; memory loss and visual changes/multiple tests to confirm mini strokes/episodes syncope; unknown

Want to rule out: brain tumor or aneurysm.; This study is being ordered for a neurological disorder.; Two years ago.; There has been treatment or conservative therapy.; Severe headaches and thunderclap headaches. Associated symptoms include: blurred vision, nausea, performance changes, phonophobia, photophobia, scintillations, scotoma, vomiting, seeing spots in vision and movement in vision.; Has tried Relpax.

Yes, this is a request for CT Angiography of the brain.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; This combination request does not include an OB Ultrasound.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 06/01/2015; There has not been any treatment or conservative therapy.; dizziness vision changes numbness

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/2015; There has not been any treatment or conservative therapy.; right eye drooping, occasional headaches

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; HA BEGAN IN 2004  DOUBLE VISION STARTED TWO WEEKS AGO; There has not been any treatment or conservative therapy.; HA, double vision, dizziness

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; headaches history of aneurysms; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ip bypass; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >
; This study is being ordered for 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.; CC: Neurological sx's of tingling.    HPI: Ms Barbee is a 50 year old right handed woman was seen in neurology clinic for transient neurological symptoms. During one of her episode she had left sided facial numbness (forehead and chin, not neck). She ; There has been treatment or conservative therapy.; Current outpatient prescriptions: atorvastatin (LIPITOR) 40 MG tablet, Take 1 tablet (40 mg total) by mouth nightly at bedtime., Disp: 30 tablet, Rfl: 11; clopidogrel (PLAVIX) 75 mg tablet, Take 1 tablet (75 mg total) by mouth daily., Disp: 30 tablet, Rfl; Since her last event, she has bitemporal headache, without changes in vision, sometimes it's dull, sometimes it's pulsating. She has along with it nausea, no vomiting, some photosensitivity and phonophobia.     An MRI of brain and MRA were 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.; ; 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.;

Evaluate for occlusion of carotid artery; This study is being ordered for Vascular Disease.; pt began having problems with numbness in January 2015. She has had abnormal MRI and Carotid Dopplers indicating possibility of occlusion of the carotid artery. The radiologist suggested she have CTA performed.; There has not been any treatment or conservative therapy.; limb pain, paresthesia, stroke on MRI, neck pain

Follow up to visit at ER; This study is being ordered for a neurological disorder.; 7/13/15; There has not been any treatment or conservative therapy.; TIA Confusion Weakness
history of stroke; This study is being ordered for a neurological disorder.; 09/12/2015; There has been treatment or conservative therapy.; left arm numbness, speech slurring, syncope episode; medication
If there are further episodes of lightheaded sensation be sure to lie down immediately so as not to progress to a seizure. If there are more episodes of faint sensation then a cardiac event monitor is needed. Start levetiracetam for seizure disorder. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Mr. Amonette has been seen regarding headaches, idiopathic seizures, left radial and ulnar injuries, and white matter changes that may reflect migraine or cerebrovascular disease. At his last visit in June gabapentin was increased to 600 mg 4 times a d; There has been treatment or conservative therapy.; Headaches Headaches remain quite problematic. Once or twice every day for about an hour he will have a right supraorbital pain and slight nausea on occasion and slight light sensitivity is no prodrome and in particular no neurologic deficit associated w; clonidine HCl 0.1 mg tablet take 1 tablet by oral route 2 times every day 03/17/2015   N meloxicam 15 mg tablet take 1 tablet by oral route every day

R/O hypercoagulable state; This study is being ordered for a neurological disorder.; 08/19/2014; There has been treatment or conservative therapy.; Falling, headache, memory impairment, numbness in extremities; MRI, medication

Right vert/Bilateral ICA with atherosclerosis by angiogram in 2013 without severe stenosis.; This study is being ordered for Vascular Disease.; 10/08/2012; There has been treatment or conservative therapy.; dizziness when turning head to the right, no other symptoms noted at this time. CTA head and neck to monitor cerebrovascular disease.; Plavix 75 mg  Aspirin 81 mg

Rule out brain aneurysm.; This study is being ordered for a neurological disorder.; 8/19/2015; There has not been any treatment or conservative therapy.; Rule out brain aneurysm.

unknown; This study is being ordered for a neurological disorder.; July 2015; There has been treatment or conservative therapy.; memory loss and visual changes/multiple tests to confirm mini strokes/episodes syncope; unknown

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 not a hematologist/ oncologist.

2/2015 previous Brain MRI showed small lesion. recommended a 3 month follow up.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2015; There has been treatment or conservative therapy.; diplopia, Sever frontal pain, headaches; prednisone
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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; Weakness  Dizziness; Meds

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; many years; There has been treatment or conservative therapy.; nausea  dizziness  sharp pain behind the right eye; elavil

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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 neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;

; This study is being ordered for a neurological disorder.; 2009 ... stroke was non verbal unable to move and facial drooping...; It is not known if there has been any treatment or conservative therapy.; headaches, blurred vision, dizziness, memory loss and trouble processing words

; This study is being ordered 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.; last 5 months; There has been treatment or conservative therapy.; double vision and headaches, vertigo, facial numbness including parts of the tongue. tingling in right hand and 3 fingers.; pain medication

Abnormal ct of the head and possible thrombosis.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.

Brain tumor Aneurism; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Date of initial onset: On July 4, she had a mild ,left-sided headache with no sensory phobias or nausea. She went to get her phone in the car and on her way, she felt "tongue-tied" and could not get her words out. She tried going through her ABCs and she ; This study is being ordered for a neurological disorder.; On July 4, she had a mild ,left-sided headache with no sensory phobias or nausea. She went to get her phone in the car and on her way, she felt "tongue-tied" and could not get her words out. She tried going through her ABCs and she had difficulty. Then sh; There has not been any treatment or conservative therapy.; transient neurologic deficit associated with headache. I think this patient had a migraine with aura. She does have a strong hx of migraine. Another differential, although less likely, but I would want to rule out is cerebral vein thrombosis. She never ha family hx of brain aneurysm; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; chronic h/a, pressure like pain, nausea with h/a,; meds 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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; Headache

July 4, she had a mild ,left-sided headache with no sensory phobias or nausea. She went to get her phone in the car and on her way, she felt "tongue-tied" and could not get her words out. She tried going through her ABCs and she had difficulty. Then she h; This study is being ordered for a neurological disorder.; symptoms started early july 2015, transient neurologic deficit associated with headache. I think this patient had a migraine with aura. She does have a strong hx of migraine. Another differential, although less likely, but I would want to rule out is cere; There has not been any treatment or conservative therapy.; July 4, she had a mild ,left-sided headache with no sensory phobias or nausea. She went to get her phone in the car and on her way, she felt "tongue-tied" and could not get her words out. She tried going through her ABCs and she had difficulty. Then she h

none given; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

R/O Seizures; Family HX of Aneurism; This study is being ordered for a neurological disorder.; June 2014; There has been treatment or conservative therapy.; HA; Pressure; Pain; Neck pain; Stiffness; Confussion; Medication

R/O seizures; This study is being ordered for a neurological disorder.; 07-27-15; There has not been any treatment or conservative therapy.; Patient having bad headaches on the right side of her head, vision loss on the right side, numbness and weakness

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.

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 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 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 request is for a Brain MRI; It is unknown if the study is 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.

UNKNOWN; This study is being ordered for a neurological disorder.; 07-23-2015; There has been treatment or conservative therapy.; TREMORS, DIZZINESS, VERTIGO, WEANESS, HEADACHES; MEDICATIONS

Unknown; This study is being ordered for a neurological disorder.; 08/2015; There has been treatment or conservative therapy.; Headaches, SP CT showing aneurysm.; Medications

wants to make sure there is no more abnormality going on.; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; severe headaches, memory loss, has sharp stabbing, light and noise intolerant. Daily headaches, short term memory changes.

WORST HEADACHE OF LIFE FOR 3 MONTHS FAMILY HISTORY OF 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.; JUNE 2015; There has been treatment or conservative therapy.; MIGRAINES FOR 3 MONTHS WORSENING IN SEVERITY. ASSOCIATED WITH NAUSEA PHONOPHOBIA AND PHOTOPHOBIA. PT HAS A FAMILY HISTORY OF ANEURYSM.; PATIENT HAS BEEN ON SEVERAL DIFFERENT MEDICATIONS FOR MIGRAINES INCLUDING: AXERT, MIDRIN AND MAXALT.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; Weakness  Dizziness; Meds

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;

none given; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.

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 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."

UNKNOWN; This study is being ordered for a neurological disorder.; 07-23-2015; There has been treatment or conservative therapy.; TREMORS, DIZZINESS, VERTIGO, WEANESS, HEADACHES; MEDICATIONS

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient is experiencing dizziness.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2002; There has been treatment or conservative therapy.; dizziness, extremity weakness, headaches, memory impairment, extremity numbness, tremors; medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; MS; medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; Weakness  Dizziness; Meds

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6 mths ago; There has been treatment or conservative therapy.; numbness in extremities; Mobic// aspirin// meds; This combination request does not include an OB Ultrasound.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; HA BEGAN IN 2004  DOUBLE VISION STARTED TWO WEEKS AGO; There has not been any treatment or conservative therapy.; HA, double vision, dizziness

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; June 1 2015; There has been treatment or conservative therapy.; neck pain, extremity pain, numbness, muscle weakness, gait disturbance, back pain, balance problems; medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Past one and a half years.; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; 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 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 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.

; This request is for a Brain MRI; The study is 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 results of the lab tests are unknown.; 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 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 study is being ordered for a metastatic disease.; There are 2 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 not a hematologist/ oncologist.

; 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.; ; 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.; 2009 ... stroke was non verbal unable to move and facial drooping...; It is not known if there has been any treatment or conservative therapy.; headaches, blurred vision, dizziness, memory loss and trouble processing words

; This study is being ordered for a neurological disorder.; Alayna is here today for a follow up on Multiple Sclerosis. She is on Copaxone 40 mgs TIW since mid March and she is tolerating it well. Today she reports that 3 wks ago, she developed pain in her left buttocks, "not in bone or muscle", that radiates into ; There has been treatment or conservative therapy.; Plan/Assessment:; 1. Multiple Sclerosis, presumed exacerbation, on Copaxone 40 mgs TIW. Information given to pt on Aubagio.; 2. Carbamazepine 200 mgs- start with a 1/2 tablet twice per day and go up by 1/2 tablet each day to a maximum of three whole tabs t; Plan/Assessment:; 1. Multiple Sclerosis, presumed exacerbation, on Copaxone 40 mgs TIW. Information given to pt on Aubagio.; 2. Carbamazepine 200 mgs- start with a 1/2 tablet twice per day and go up by 1/2 tablet each day to a maximum of three whole tabs t

; This study is being ordered for a neurological disorder.; Amber is here today for a follow up on her problems with MS. She is currently on Copaxone 40 mgs TIW and is tolerating it fairly well other than a few site injection reactions. She continues to have trouble with migraines, muscle spasms and neuropathic pain; There has been treatment or conservative therapy.; ; 1. Multiple Sclerosis- relapsing remitting, stable on Copaxone 40 mgs TIW.; 2. Labs-CBC, CMP, TSH and Vitamin d level.; 3. Neuropathic Pain-Gabapentin 300 mgs QD and may increase to TID if needed.; 4. Muscle Spasms-info on stretching with MS given. Baclof

; This study is being ordered for a neurological disorder.; Here today for follow up visit for her problems with multiple sclerosis. Was seen at UT-Southwestern in Dallas by Ben Greenburg, MD who recommended Rebif. Today we discussed possible side effects and signed up for Rebif. She will be contacted by MS lifeli; There has been treatment or conservative therapy.; ; Here today for follow up visit for her problems with multiple sclerosis. Was seen at UT-Southwestern in Dallas by Ben Greenburg, MD who recommended Rebif. Today we discussed possible side effects and signed up for Rebif. She will be contacted by MS lifeli

; This study is being ordered for something other than: known 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 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.; last 5 months; There has been treatment or conservative therapy.; double vision and headaches, vertigo, facial numbness including parts of the tongue. tingling in right hand and 3 fingers.; pain medication

2/2015 previous Brain MRI showed small lesion. recommended a 3 month follow up.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2015; There has been treatment or conservative therapy.; diplopia, Sever frontal pain, headaches; prednisone 782.0; 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).
abnormal gait noted on exam, patient is have migraines also.; 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.

Both parents have 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.; 6/18/2015; There has been treatment or conservative therapy.; Neck pain radiating down both shoulders, numbness in R hand. Migraine, no relief from meds.; OTC pain meds, Lyrica

Brain tumor Aneurism; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Confusion and behavioral changes suspected frontotemporal dementia; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Date of initial onset: On July 4, she had a mild ,left-sided headache with no sensory phobias or nausea. She went to get her phone in the car and on her way, she felt "tongue-tied" and could not get her words out. She tried going through her ABCs and she ; This study is being ordered for a neurological disorder.; On July 4, she had a mild ,left-sided headache with no sensory phobias or nausea. She went to get her phone in the car and on her way, she felt "tongue-tied" and could not get her words out. She tried going through her ABCs and she had difficulty. Then sh; There has not been any treatment or conservative therapy.; transient neurologic deficit associated with headache. I think this patient had a migraine with aura. She does have a strong hx of migraine. Another differential, although less likely, but I would want to rule out is cerebral vein thrombosis. She never ha

Dianna Neely is a 59 y.o. female with episodic migraine that has gradually and progressed to chronic migraine. She also has menstrually related migraine We discussed in detail the pathophysiology of migraine and the importance of simultaneously using mult; 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).

Difficulty swallowing and spells; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Dizziness blurred vision nausea associated with headaches. bipolar depression history; 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.

Doctor wants to r/o MS; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Difficulty distinguishing temperatures and textures on left side of mouth and throat; abnormal sensation on left side of body, mild neck pain, numbness on left side

Dr r/o MS. Pt has family history of MS. Mother and aunt both had MS. Pt is starting to exhibit symptoms of MS. Numbness and tingling in forearms, hands and lower extremity.; 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.

During her pregnancy in 2011, she had pain on the last 3 bottom teeth (molar and premolar) on the right radiating to the gum line, sharp shooting like lightning, no facial pain. She had root canals in these 3 teeth which seemed to have relieved the 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; 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.

In terms of location her headaches worse right-sided only in her side located in the frontotemporal region with retro-orbital pain She has noticed that her right face is flushed and reports that she is restless or agitated and cannot lie down during her ; This study is being ordered for a neurological disorder.; She reports that her menstrual cycle started at age 8 or 9 in third grade and that is also in her headaches began ; In terms of location her headaches worse right-sided only in her side located in the frontotemporal region with retro-orbital pain ; She has; There has been treatment or conservative therapy.; In terms of location her headaches worse right-sided only in her side located in the frontotemporal region with retro-orbital pain She has noticed that her right face is flushed and reports that she is restless or agitated and cannot lie down during her he; She is never had an MRI and her last eye checkup was in high school. She is currently on topiramate 100 mg twice a day and nortriptyline 50 mg. In the past she has tried zonisamide Lexapro and Zoloft. For her mood she is on Wellbutrin. She has taken Imitr

eval for possible seizures, generalized jerking episodes followed by confusion; 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.

family history of brain aneurysms; This study is being ordered for a neurological disorder.; 2008; There has been treatment or conservative therapy.; headaches, migraines, photophobia and nausea; Meds

family hx of brain aneurysm; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; chronic h/a, pressure like pain, nausea with h/a,; meds

follow up for MS; This study is being ordered for a neurological disorder.; 10/30/2014; There has been treatment or conservative therapy.; MRI of the brain and cervical spine with contrast - October; Tecfidera was begun in October and is well tolerated. She has not developed depression. The one case of PML with Tecfidera was discussed and symptoms of PML were discussed. The need for follow-up CBC with lymphocyte count, AST, L3, and surveillance MRIs

follow up for MS; This study is being ordered for a neurological disorder.; 11/11/2013; There has been treatment or conservative therapy.; numbness and weakness chronic neck and back pain malaise and fatigue also dizziness and tingling; medication and MRI

Follow up. Had leukemia in childhood, has radiation-induced meningiomas, the last of which was operated on in the right posterior frontal region in the parasagittal convexity. She has other 2 spots, one in the suprasellar region and one in the right fronta; 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).

Generalized Pain and numbness, burning pain all over body. MDO wants to R/O  Central or Demyelinating; 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.

greater degree of fatigue; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; multiple sclerosis; Gilenya medication

Has been having a headache for the last 10 days that she's been unable to break. She is never had an MRI but would like to get one as her headaches are getting more refractory; 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).

He had E. Coli septicemia in 2010. Since then he started having different issues. Onset of memory changes was 2011. He cannot remember peoples' names and medications. He is an optometrist. He forgets the medications for patients he has treated for years. ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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. 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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; Headache

Headaches are probably due to analgesic rebound and migraine. Imaging is recommended in light of problems with loss of consciousness and intractable continuous headache.. Remember non-pharmacologic therapy of headache (adequate rest, regular meals, stress; This study is being ordered for a neurological disorder.; Migraines have been problematic since about 2009; There has been treatment or conservative therapy.; Blackout spells with prodromal lightheaded sensation and palpitations developed in February and ceased on stopping work in June. She suffers loss of consciousness for a matter of minutes during which time witnesses note that it appears that she is "going; Treatment with sumatriptan made her joints hurt severely. She takes 7-8 ibuprofen, Tylenol, and hydrocodone combined daily headaches with left arm and left leg weakness Dizziness  Off balance; 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.

History / Dx: chronic headaches. Duration about 30 years. She was getting about two to three per week and they can last from 1 to 3 days. Since I last saw her she has increased Topiramate to 25 twice a day and is following diet modification. 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.; 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).
History of chronic daily headaches and numbness, headaches have been under poor control, new complaint of fainting.; 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.

HISTORY OF PARESTHESIAS AND TINGLING OF THE LEFT UPPER AND LOWER EXTREMITY.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.
history of stroke; This study is being ordered for a neurological disorder.; 09/12/2015; There has been treatment or conservative therapy.; left arm numbness, speech slurring, syncope episode; medication

HISTORY OF VERTIGO WITH INCREASING HEADACHES ASSOCIATED WITH POOR BALANCE. PATIENT HAS A HISTORY OF MIGRAINES WITH PHOTOPHOBIA AND PHONOPHOBIA. HEADACHE FREQUENCY IS WORSENING.; 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.

HPI: Symptoms started in summer (August) of 2014. Legs would go numb when walking and hands began doing the same thing. Dr. Barron saw and told him "nerve problem". Dr. Takati saw him at Legacy Neurology around October 2014 and ordered MRI's of brain,; This study is being ordered for a neurological disorder.; HPI: Symptoms started in summer (August) of 2014. Legs would go numb when walking and hands began doing the same thing. Dr. Barron saw and told him "nerve problem". Dr. Takati saw him at Legacy Neurology around October 2014 and ordered MRI's of brain,; There has been treatment or conservative therapy.; PMH: No diabetes, hypertension.   Meds: None except for Avonex (Aleve and vitamins in AM).   All: None   Habits: Cigarettes: None EtoH: None now, might have had a couple of beers occasionally in the past, but now they cause a headache  ; PMH: No diabetes, hypertension.   Meds: None except for Avonex (Aleve and vitamins in AM).   All: None   Habits: Cigarettes: None EtoH: None now, might have had a couple of beers occasionally in the past, but now they cause a headache  

HX is not consistent with BPPV.; This study is being ordered for a neurological disorder.; 6 months ago; There has been treatment or conservative therapy.; vertigo, headaches, fatibrial artery dissection; hydrocodone, antibiotics for ears. No previous imaging studies

July 4, she had a mild ,left-sided headache with no sensory phobias or nausea. She went to get her phone in the car and on her way, she felt "tongue-tied" and could not get her words out. She tried going through her ABCs and she had difficulty. Then she h;
This study is being ordered for a neurological disorder.; symptoms started early july 2015, transient neurologic deficit associated with headache. I think this patient had a migraine with aura. She does have a strong hx of migraine. Another differential, although less likely, but I would want to rule out is cere; There has not been any treatment or conservative therapy.; July 4, she had a mild ,left-sided headache with no sensory phobias or nausea. She went to get her phone in the car and on her way, she felt "tongue-tied" and could not get her words out. She tried going through her ABCs and she had difficulty. Then she h

Known mass seen on MRI (09/10/2013).; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

Known MS, known history of degenerative disc disease; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Back pain, weakness in leg, radiation pain in hip; Medication

Lab work in Progress. Patient having memory changes and memory loss. HX of cognitive dysfunction predominantly short term memory difficulties for 6 months. Patient has a chronic sleep disorder. In the past 6 months patient has forgotten something on the 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 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.

Left facial paralysis; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has Bell's Palsy.; It is unknown why this study is being ordered.

LEFT HAND WEAKNESS SECONDARY TO 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.; 2 YEARS AGO; There has been treatment or conservative therapy.; LEFT HAND WEAKNESS; LYRICA COPAXONE

Lori D Sisk is a 44 y.o. female with a history of episodic migraine that over the years has developed into chronic migraine now to her current preventative. She is overusing Excedrin every day and we talked about the triggers that might be allowing her to; 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).

loss of consciousness and seizures; 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 not a new patient.

Memory disturbance, cannot find the right words to say when asked a question, forgetfulness, short term 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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Memory loss associated with speech problems.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

migraines are getting 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).

Migraines twice a week, went to ER due to tingling in limbs; This study is being ordered for a neurological disorder.; HA and neck pain is chronic, been going on for years.; There has been treatment or conservative therapy.; HA, neck pain, nausea, vomiting, dizziness, sensitivity to light, neck pain radiates to BILAT shoulders; RX: Dilaudid and Ibuprofen

motor vehicle accident, weakness on exam in both hands.; This study is being ordered for trauma or injury.; 07/10/2015; There has been treatment or conservative therapy.; dizziness, decreased appetite; medications

MRI Brain ordered due to recent memory loss with abnormal neuropsych testing.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 ordered for new onset severe memory loss and confusion. suspected dementia.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

MRI of brain to rule out secondary etiologies as a cause for increased frequency and severity of headaches, patient has had daily headache x1 year.; 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).

MRI of the Brain and Cervical to rule out any lesions or compressions for 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.; Pt. had lt arm numbness and rt side numbness around the trunk. She also had bladder issues and numbness in her legs which has been going on since 2013. She is also weakness which shows on her exam along with the numbness.; There has been treatment or conservative therapy.; Numbness and weakness she also has bladder issues. The doctor is wanting to rule out ms; she had an MRI and LP in 2013. She is on gabapentin 300mg bid and prednisone 5mg qd

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.; 6 years ago; There has been treatment or conservative therapy.; Pain, numbness, extremity weakness, tingling; Medication
Multiple hemorrhagic brain lesions, needed to see post operative changes after surgery, decrease in proprioception and vision of right side, headache, weakness of left side; 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 not a hematologist/ oncologist.

Multiple largely neurologic symptoms of uncertain cause for 1 year - possible encephalopathy with or without cervical myelopathy, lumbar spinal stenosis, seizures. Differential includes MS, hepatitis C related neurologic dysfunction, auto-immune encephal; This study is being ordered for a neurological disorder.; Davis is a 44-year-old seen in consultation to Dr. Smith regarding several symptoms that have been present for about 1 year. Mr. Davis is here with wife and they detail that he is having particular problems with headaches, leg weakness and pain, and thi; There has been treatment or conservative therapy.; Constitutional Positive Fatigue, Weight loss. ENMT Positive Hearing loss. Eyes Positive Vision changes. Respiratory Positive Dyspnea. Cardio Positive Chest pain. GI Positive Abdominal pain. GI Negative Nausea. GU Negative Urinary in; tramadol 50 mg tablet take 1 tablet by oral route every 6 hours as needed 10/15/2014 09/10/2015  N hydrocodone 5 mg-acetaminophen 325 mg tablet take 1 tablet by oral route every 6 hours as needed for pain 10/15/2014

Musculoskeletal Pain  It occurs intermittently. Severity level is moderate-severe. Location: all over. Aggravated by normal activity. Associated symptoms include pain worse in evening, difficulty sleeping. Comments: Unable to take lyrica bid and usi; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

New right tremors, dyscoordination, suspect Parkinson's disease.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Nine month follow up of his Grade 2 oligodendroglioma.; 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). no decrease in symptoms with medication; This study is being ordered for a neurological disorder.; July 2015; There has been treatment or conservative therapy.; ; medications have been prescribed
none given; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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 been treatment or conservative therapy.; parathesia, numbness, pain in legs shooting down from lower back, neck pain, lower back pain, fibromyalgia; lyrica

Patient had a stroke; This study is being ordered for Vascular Disease.; 8/6/2015;
There has been treatment or conservative therapy.; Memory loss 
Numbness back pain  Weakness; Patient had an MRI done

Patient has dizziness, memory loss, problems finding the right words to say, has problems with getting her thinking process right, trouble sleeping, and has a funny feeling in her head; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 hyperreflexia at the ankle with clonus which could suggest primarily thoracic spinal cord initially. We have had an MRI of thoracic spine and an MRI of Cervical Spine done with negative results.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 tremors in hands on daily basis.; This request is for a Brain MRI; The study is 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 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.

Patient is experience numbness and Parasthesia over her entire body; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 experiencing tremors, action tremor R greater than the L. Tremors affect ability to work and medication provided no positive effects.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Patient is falling, passing out, change in awareness, dizziness, patient has carotid aneurysms, unsteady gait, feeling of slowness, and trouble finding the right words to say.; 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).

Patient of 33 yo RH female with MS dx for MRI (brain and cervical) and CSF that is coming for her f/u. She came in with her husband. They stated increase level of anxiety with some personality changes, forgetfulness, and kind of panic attack episodes aro; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.

Patient with colloid cyst of the brain and pineal gland cyst.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

pt has Cyst; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 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.; 10/13/2014; There has been treatment or conservative therapy.; numbness, weakness in extremities,; medication

pt has multiple sclerosis looking for 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.; member has MS 10 yrs ago; There has been treatment or conservative therapy.; blurred vision lower extremity weakness ataxia; tyrosinemia

Pt having numbness in upper & lower extremities, blurred vision, need to R/O MS; 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.

pt is also suffering from vertigo; 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.

Pt is having headaches he is also having right-sided body pain. some degree of a little bit of discomfort, but then he will have flare ups. it kind of starts burning behind his right eye and he will have a deep burning sensation, and then down into his ; 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 with prior MRI evidence of brain abscess coming for follow up after steroid treatment; 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. is having intermittent numbness of face and body cramps; 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.

R/O Seizures; Family HX of Aneurism; This study is being ordered for a neurological disorder.; June 2014; There has been treatment or conservative therapy.; HA; Pressure; Pain; Neck pain; Stiffness; Confusion; Medication

R/O seizures; This study is being ordered for a neurological disorder.; 07-27-15; There has not been any treatment or conservative therapy.; Patient having bad headaches on the right side of her head, vision loss on the right side, numbness and weakness

recurrent pituitary macroadenoma; 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).

right facial numbness and drooping; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Seizures and headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Severe Memory Loss (both short and long term) causing great anxiety with patient, speech is affected, lab work is in progress. History of tremors, hypersensitivity to smells; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

She has had a increase in her headaches. She's had another series of loss of consciousness. She was in and out of consciousness while lying on the ground. She then remembers waking up and feeling that her entire head was on fire. She then apparently los; 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.

The doctor want to rule out cervial stenois and or lesion in the brain due to the patients symptoms.; This study is being ordered for a neurological disorder.; 7/1/2013; It is not known if there has been any treatment or conservative therapy.; hand and feet numbness. Tingling and weakness in both hands and in the feet. Patient is fatigue. Patient also has neck pain that radiats down into the arms.

The doctor would like to rule out multiple sclerosis and cervical radiculopathy with his history of spinal surgery in the past.; This study is being ordered for a neurological disorder.; August 1, 2015; There has been treatment or conservative therapy.; Pt has fatigue with a history of optic neuritis. He also has right sided arm radiculopathy. He has persistent pain in the right shoulder.; NUVIGIL 150 MG

The MD is concern about MS.; This study is being ordered for a neurological disorder.; 09-21-2013; There has been treatment or conservative therapy.; Dizziness and headaches, extremity in weakness, gait disturbance, memory impairment, numbness in extremity. Neck pain; Patient taking gabapentin and premarin

The MRI Brain does show a possible pineal gland lesion and it does show possible slightly enlarged ventricles. She was advised that a dedicated MRI of the Pineal Gland is needed.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 patient complains of a shuffling gait that has been going on for some time. He blames this perhaps on his low back pain that has been chronic in nature. He really does not have any numbness. He has pain in his feet when he is on them all day at work. So; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

The symptoms are reported as being moderate. The symptoms occur constantly and in the legs.; 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 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 yearly follow up. Patient has Hemangioma of intracranial structures.; 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).

This is the patient's one year follow up. MRI is being requested due to history of posterior fossa meningioma/resection of said meningioma.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

This patient is here for follow up of a headache. Symptoms are aggravated by head position and neck issues... Symptoms have been treated and are 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.; 06/08/2015; There has been treatment or conservative therapy.; Increase in headaches, neck pain and occipital pain, memory impairment.. back pain joint pain joint swelling muscle weakness, neck pain and neck stiffness; medications- zolmitriptan; sumatriptan

This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.

This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.

This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.

This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.

This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; Is it not known if the patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.;; The doctor notes on exam that the patient has delirium or acute altered mental status.

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 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; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.;; The patient has been diagnosed with known Multiple Sclerosis.

This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.;; The patient has suspected Multiple Sclerosis.;; Other causes have been ruled out.

This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.;; There are documented localizing neurologic findings.

This request is for a Brain MRI; Recent (in the past month) trauma best describes the reason that I have requested this test.

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 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.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

This request is for a Brain MRI; The study is NOT being requested 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.; 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 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 hearing loss.; The patient had an audiogram.; The results of the audiogram were abnormal.; 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 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 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.; 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 and infection or inflammation.

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 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.

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.; 05/13/2015; There has been treatment or conservative therapy.; FEELS LIKE SOMETHING CRAWLING ON L) SIDE OF FACE,UP LOWER JAW AND UP TO TOP OF SCALP,THEN BACK DOWN,LITTLE BURNING PAIN WITH IT ,BRIEF SPELLS OF NUMBNESS FEELING IN L)ARM,HAND CLAWED UP 1 TIME,BILATERAL FACE TINGLING; Abnormal sensation  Man with onset early June of feeling like a spider crawling on his L face. He cont to get attacks of this, c a crawling or flickering feeling moving up from the lower jaw all the way up to top of scalp, then back down, then resolves.

This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; Imbalance, tingling in hands, leg jerking, and walking imbalance.; Physical therapy, and lumbar puncture.

throbbing pain from the bottom of her spine up towards her head; This study is being ordered for a neurological disorder.; 2005; There has been treatment or conservative therapy.; photophobia, tingling paresthesia of the face bilaterally, visual loss; trials of medication and clinical testing

To rule out the possibilities of central nervous system vascular event such as a TIA with the vision disturbance, loss of speech, and the right hand numbness. Also to rule out vascular risk factors; This study is being ordered for a neurological disorder.; 6-15-2015; There has been treatment or conservative therapy.; vision loss, speech problems and transient right arm weakness; ct scan, chest x-ray, blood work, and ekg

trying to rule out 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.; February 2015; There has been treatment or conservative therapy.; CC: Ms. Cochran is seen regarding ataxia and hyperreflexia; she mentions numbness, fatigue, visual changes, back pain, and weakness furthermore. She is concerned that she may have MS or myasthenia.;
Ms. Cochran is a 21-year-old with no previous history; B12 replacement therapy was started with some benefit.

unknown; This study is being ordered for a neurological disorder.; 02/2015; There has not been any treatment or conservative therapy.; patient is having numbness tingling from waist down complain of weakness, bladder discomfort and difficult walking and back pain.

Unknown.; This study is being ordered for a neurological disorder.; July 2014; There has been treatment or conservative therapy.; Blurred vision, headaches, numbness, neck pain, radiculopathy, vision changes.; Cervical MRI's

UNKNOWN; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.

UNKNOWN; This study is being ordered for a neurological disorder.; 07-23-2015; There has been treatment or conservative therapy.; TREMORS, DIZZINESS, VERTIGO, WEAKNESS, HEADACHES; MEDICATIONS

Unknown; This study is being ordered for a neurological disorder.; 08/2015; There has been treatment or conservative therapy.; Headaches, SP CT showing aneurysm.;

Medications

Want to rule out: brain tumor or aneurysm.; This study is being ordered for a neurological disorder.; Two years ago.; There has been treatment or conservative therapy.; Severe headaches and thunderclap headaches. Associated symptoms include: blurred vision, nausea, performance changes, phonophobia, photophobia, scintillations, scotoma, vomiting, seeing spots in vision and movement in vision.; Has tried Relpax.

wants to make sure there is no more abnormality going on.; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; severe headaches, memory loss, has sharp stabbing, light and noise intolerant. Daily headaches, short term memory changes.

When he was five he had a history of blood clot in his head. He is have stuttering problems for approximately 6 months. He has never stuttered before. He does not stutter when he talks on the phone or to his mother, but is is when it is with primarily wit; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

WILL FAX NOTES; 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).

WORST HEADACHE OF LIFE FOR 3 MONTHS FAMILY HISTORY OF 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.; JUNE 2015; There has been treatment or conservative therapy.; MIGRAINES FOR 3 MONTHS WORSENING IN SEVERITY. ASSOCIATED WITH NAUSEA PHONOPHOBIA AND PHOTOPHOBIA. PT HAS A FAMILY HISTORY OF ANEURYSM.; PATIENT HAS BEEN ON SEVERAL DIFFERENT MEDICATIONS FOR MIGRAINES INCLUDING: AXERT, MIDRIN AND MAXALT.

; This study is being ordered for a neurological disorder.; We had the pleasure of seeing Bobby Zachary in the Epilepsy Clinic at the University of Arkansas for Medical Sciences on 07/29/2015 for Follow up of treatment refractory focal epilepsy likely temporal The patient was accompanied by his girlfriend Besides ; There has been treatment or conservative therapy.; ; General: Patient was not in any acute distress. Was hemodynamically stable. Neurological (screening) Patient was alert, conscious and oriented. Speech was fluent without any dysarthria. Cranial nerve: Ocular movements were preserved without any nystagmus.

"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.

< Enter answer here - or Type In Unknown If No Info Given. >; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/2015; There has not been any treatment or conservative therapy.; right eye drooping, occasional headaches

Multiple hemorrhagic brain lesions, needed to see post operative changes after surgery, decrease in proprioception and vision of right side, headache, weakness of left side; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 fractured sternum, checking to see if there is a dissected aortic arch. Esophageal spasms. Aortic arch pain.; 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.

Cervical spine MRI negative for spondylosis and new disc. Evaluation for mass lesion plexus impingement.; This study is being ordered for a neurological disorder.; mid January of 2015; There has not been any treatment or conservative therapy.; left upper extremity weakness, numbness, and tingling. Patient describes weakness involving particularly the hand and forearm.

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT

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.; 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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2002; There has been treatment or conservative therapy.; dizziness, extremity weakness, headaches, memory impairment, extremity numbness, tremors; medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; MS; medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6-1-15; There has been treatment or conservative therapy.; patient having pain and weaknes; medications, physical therapy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4 yrs; There has been treatment or conservative therapy.; NECK PAIN RADIATING INTO LEFT MEDIAL SCAPULA AND LOW BACK PAIN.; PATIENT FAILED 6 MONTHS OF PHYSICAL THERAPY

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/17/2014; There has been treatment or conservative therapy.; dizziness and weakness, memory impairment. Back pain and joint pain; Medication were given

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Unable to lift hands above head, hands are swollen.

; 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.

; This study is being ordered for a metastatic disease.; There are 2 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.; 02/03/2015; There has been treatment or conservative therapy.; severe radiating neck and back pain; medication management

; This study is being ordered for a neurological disorder.; 07/27/2015; There has been treatment or conservative therapy.; back pain with loss of strength and radiating neck pain down arm with tension in neck; medication treatment with zanaflex and hydrocodone

; This study is being ordered for a neurological disorder.; 2014; It is not known if there has been any treatment or conservative therapy.; numbness and tingling in calves radiating to toes

; This study is being ordered for a neurological disorder.; Alayna is here today for a follow up on Multiple Sclerosis. She is on Copaxone 40 mgs TIW since mid March and she is tolerating it well. Today she reports that 3 wks ago, she developed pain in her left buttocks, "not in bone or muscle", that radiates into ; There has been treatment or conservative therapy.; Plan/Assessment:; 1. Multiple Sclerosis, presumed exacerbation, on Copaxone 40 mgs TIW. Information given to pt on Aubagio.; 2. Carbamazepine 200 mgs- start with a 1/2 tablet twice per day and go up by 1/2 tablet each day to a maximum of three whole tabs t; Plan/Assessment:; 1. Multiple Sclerosis, presumed exacerbation, on Copaxone 40 mgs TIW. Information given to pt on Aubagio.; 2. Carbamazepine 200 mgs- start with a 1/2 tablet twice per day and go up by 1/2 tablet each day to a maximum of three whole tabs t

; This study is being ordered for a neurological disorder.; Amber is here today for a follow up on her problems with MS. She is currently on Copaxone 40 mgs TIW and is tolerating it fairly well other than a few site injection reactions. She continues to have trouble with migraines, muscle spasms and neuropathic pain; There has been treatment or conservative therapy.; ; 1. Multiple Sclerosis- relapsing remitting, stable on Copaxone 40 mgs TIW.; 2. Labs-CBC, CMP, TSH and Vitamin d level.; 3. Neuropathic Pain-Gabapentin 300 mgs QD and may increase to TID if needed.; 4. Muscle Spasms-info on stretching with MS given. Baclofen

; This study is being ordered for a neurological disorder.; Here today for follow up visit for her problems with multiple sclerosis. Was seen at UT-Southwestern in Dallas by Ben Greenburg, MD who recommended Rebif. Today we discussed possible side effects and signed up for Rebif. She will be contacted by MS lifeli; There has been treatment or conservative therapy.; ; Here today for follow up visit for her problems with multiple sclerosis. Was seen at UT-Southwestern in Dallas by Ben Greenburg, MD who recommended Rebif. Today we discussed possible side effects and signed up for Rebif. She will be contacted by MS lifeli

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/07/2015 WEAKNESS,PARESTHESIA R/O MYELOPATHY; There has been treatment or conservative therapy.; WEAKNESS,PARESTHESIA,DORSIFLEXORS SEVERLY WEAKENED NOT IMPROVING,SHE IS USING CRUTCHES; Medication Cymbalta 60MG ibuprofen 200 mg capsule Percocet 7.5 mg-325 mg tablet,PT ALSO HAD EMG/NCV,DISCONTINUED LYRICA AND GABAPENTIN.

; This study is 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 OR 2 MONTHS AGO; There has been treatment or conservative therapy.; Numbness in left hand, gradually spreads to the lower legs and feet. Weakness, chronic neck and back pain. Radicular pain that shoots from the neck to the arms. He has the same pain in his lower back. Had an nerve conduction study that showed carpal tunne; FAILED CONSERVATIVE TREAMENTS. Has completed PT

Both parents have 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.; 6/18/2015; There has been treatment or conservative therapy.; Neck pain radiating down both shoulders, numbness in R hand. Migraine, no relief from meds.; OTC pain meds, Lyrica

Doctor wants to r/o MS; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Difficulty distinguishing temperatures and textures on left side of mouth and throat; abnormal sensation on left side of body, mild neck pain, numbness on left side

follow up for MS; This study is being ordered for a neurological disorder.; 10/30/2014; There has been treatment or conservative therapy.; MRI of the brain and cervical spine with contrast - October; Tecfidera was begun in October and is well tolerated. She has not developed depression. The one case of PML with Tecfidera was discussed and symptoms of PML were discussed. The need for follow-up CBC with lymphocyte count, AST, L3, and surveillance MRIs

follow up for MS; This study is being ordered for a neurological disorder.; 11/11/2013; There has been treatment or conservative therapy.; numbness and weakness chronic neck and back pain malaise and fatigue also dizziness and tingling; medication and MRI greater degree of fatigue; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; multiple sclerosis; Gilenya medication

had a Abnormal MRI done yesterday; This study is being ordered for a neurological disorder.; 7/17/2014; There has been treatment or conservative therapy.; Numbness and tingling back pain; he was on medication

He report tha he has had a lond standing problem with neck and back pain. He has been having an increased problem in his neck with his hands and arms going numb. He reprot that there are occasional times that he will turn his head to the right, and he ge; 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.; Loss of his biceps reflex bilaterally, but riceps hyperreflexia, knee and ankle hyperreflexia. Plantar stimulation was withdrawal bilaterally.

HPI: Symptoms started in summer (August) of 2014. Legs would go numb when walking and hands began doing the same thing. Dr. Barron saw and told him "nerve problem". Dr. Takati saw him at Legacy Neurology around October 2014 and ordered MRI's of brain,; This study is being ordered for a neurological disorder.; HPI: Symptoms started in summer (August) of 2014. Legs would go numb when walking and hands began doing the same thing. Dr. Barron saw and told him "nerve problem". Dr. Takati saw him at Legacy Neurology around October 2014 and ordered MRI's of brain,; There has been treatment or conservative therapy.; PMH: No diabetes, hypertension.   Meds: None except for Avonex (Aleve and vitamins in AM).   All: None   Habits: Cigarettes: None EtoH: None now, might have had a couple of beers occasionally in the past, but now they cause a headache  ; PMH: No diabetes, hypertension.   Meds: None except for Avonex (Aleve and vitamins in AM).   All: None   Habits: Cigarettes: None EtoH: None now, might have had a couple of beers occasionally in the past, but now they cause a headache  

Known MS, known history of degenerative disc disease; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Back pain, weakness in leg, radiation pain in hip; Medication

LEFT HAND WEAKNESS SECONDARY TO 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.; 2 YEARS AGO; There has been treatment or conservative therapy.; LEFT HAND WEAKNESS; LYRICA COPAXONE

Migraines twice a week, went to ER due to tingling in limbs; This study is being ordered for a neurological disorder.; HA and neck pain is chronic, been going on for years.; There has been treatment or conservative therapy.; HA, neck pain, nausea, vomiting, dizziness, sensitivity to light, neck pain radiates to BILAT shoulders; RX: Dilaudid and Ibuprofen

motor vehicle accident, weakness on exam in both hands.; This study is being ordered for trauma or injury.; 07/10/2015; There has been treatment or conservative therapy.; dizziness, decreased appetite; medications

MRI of the Brain and Cervical to rule out any lesions or compressions for 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.; Pt. had lt arm numbness and rt side numbness around the trunk. She also had bladder issues and numbness in her legs which has been going on since 2013. She is also weakness which shows on her exam along with the numbness.; There has been treatment or conservative therapy.; Numbness and weakness she also has bladder issues. The doctor is wanting to rule out ms; she had an MRI and LP in 2013. She is on gabapentin 300mg bid and prednisone 5mg qd

MS WORSENING SYMPTOMS OF WEAKNESS AND TINGLING WITH SPASMS; This study is being ordered for a neurological disorder.; 06/19/2014; There has been treatment or conservative therapy.; WEAKNESS FATIGUE NUMBNESS OF RIGHT FACE TINGLING LEG SPASMS; COPAXONE  BACLOFEN

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.; 6 years ago; There has been treatment or conservative therapy.; Pain, numbness, extremity weakness, tingling; Medication

Multiple largely neurologic symptoms of uncertain cause for 1 year - possible encephalopathy with or without cervical myelopathy, lumbar spinal stenosis, seizures. Differential includes MS, hepatitis C related neurologic dysfunction, auto-immune encephal; This study is being ordered for a neurological disorder.; Davis is a 44-year-old seen in consultation to Dr. Smith regarding several symptoms that have been present for about 1 year. Mr. Davis is here with wife and they detail that he is having particular problems with headaches, leg weakness and pain, and thi; There has been treatment or conservative therapy.; Constitutional Positive Fatigue, Weight loss. ENMT Positive Hearing loss. Eyes Positive Vision changes. Respiratory Positive Dyspnea. Cardio Positive Chest pain. GI Positive Abdominal pain. GI Negative Nausea. GU Negative Urinary in; tramadol 50 mg tablet take 1 tablet by oral route every 6 hours as needed 10/15/2014 09/10/2015  N hydrocodone 5 mg-acetaminophen 325 mg tablet take 1 tablet by oral route every 6 hours as needed for pain 10/15/2014 no decrease in symptoms with medication; This study is being ordered for a neurological disorder.; July 2015; There has been treatment or conservative therapy.; ; medications have been prescribed

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 been treatment or conservative therapy.; parathesia, numbness, pain in legs shooting down from lower back, neck pain, lower back pain, fibromyalgia; lyrica

Patient of 33 yo RH female with MS dx for MRI (brain and cervical) and CSF that is coming for her f/u. She came in with her husband. They stated increase level of anxiety with some personality changes, forgetfulness, and kind of panic attack episodes aro; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".

Pt has 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.; 10/13/2014; There has been treatment or conservative therapy.; numbness, weakness in extremities,; medication

pt has multiple sclerosis looking for 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.; member has MS 10 yrs ago; There has been treatment or conservative therapy.; blurred vision lower extremity weakness ataxia; typhoid
Relapse; This study is being ordered for a neurological disorder.; 6/8/2012; There has been treatment or conservative therapy.; Neck pain; Numbness; Tingling; Medication

The doctor want to rule out cervical stenosis and or lesion in the brain due to the patients symptoms.; This study is being ordered for a neurological disorder.; 7/1/2013; It is not known if there has been any treatment or conservative therapy.; hand and feet numbness. Tingling and weakness in both hands and in the feet. Patient is fatigued. Patient also has neck pain that radiates down into the arms.

The doctor would like to rule out multiple sclerosis and cervical radiculopathy with his history of spinal surgery in the past.; This study is being ordered for a neurological disorder.; August 1, 2015; There has been treatment or conservative therapy.; Pt has fatigue with a history of optic neuritis. He also has right sided arm radiculopathy. He has persistent pain in the right shoulder.; NUVIGIL 150 MG

The MD is concern about MS.; This study is being ordered for a neurological disorder.; 09-21-2013; There has been treatment or conservative therapy.; Dizziness and headaches, extremity in weakness, gait disturbance, memory impairment, numbness in extremity. Neck pain; Patient taking gabapentin and premarin

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 not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; none/unknown

The patient states that 10 to 15 years ago he developed the insidious onset of a sense that he had numbness and tingling in the right foot as if it felt swollen. He watched progression of the numbness and tingling into both feet radiating into both legs a; This study is being ordered for a neurological disorder.; 10 to 15 years ago; There has not been any treatment or conservative therapy.; paresthesias

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; 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; Known or Suspected Multiple Sclerosis, Infection or abscess; having shortness of breath; 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.; 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; 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; The reason for ordering this test is Neurologic deficits

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 is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis

This patient is here for follow up of a headache. Symptoms are aggravated by head position and neck issues... Symptoms have been treated and are 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.; 06/08/2015; There has been treatment or conservative therapy.; Increase in headaches, neck pain and occipital pain, memory impairment.. back pain joint pain joint swelling muscle weakness, neck pain and neck stiffness; medications- zolmitriptan; sumatriptan

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.; 2012; There has been treatment or conservative therapy.; Imbalance, tingling in hands, leg jerking, and walking imbalance.; Physical therapy, and lumbar puncture.

throbbing pain from the bottom of her spine up towards her head; This study is being ordered for a neurological disorder.; 2005; There has been treatment or conservative therapy.; photophobia, tingling paresthesia of the face bilaterally, visual loss; trials of medication and clinical testing

trying to rule out 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.; February 2015; There has been treatment or conservative therapy.; CC: Ms. Cochran is seen regarding ataxia and hyperreflexia; she mentions numbness, fatigue, visual changes, back pain, and weakness furthermore. She is concerned that she may have MS or myasthenia.  Ms. Cochran is a 21-year-old with no previous history; B12 replacement therapy was started with some benefit.

Unknown.; 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Patient has a trimmer (severe).

Unknown.; This study is being ordered for a neurological disorder.; July 2014; There has been treatment or conservative therapy.; Blurred vision, headaches, numbness, neck pain, radiculopathy, vision changes,; Cervical ESI's
Unknown; This study is being ordered for a neurological disorder.; 08/26/2013; There has been treatment or conservative therapy.; Numbness, tingling, balance, ataxia, parathesia, headaches; Medications
unknown; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; complete back pain; physical therapy for 6 weeks, anti-inflammatory medications
Worsening symptoms; This study is being ordered for a neurological disorder.; 2004; There has been treatment or conservative therapy.; Numbness, weakness in lower extremities; gate disturbance; Tysabri

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."; abnormal T spine mri without showing lesions

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."; Multiple Sclerosis symptoms are numbness and weakness. Also, blurred vision. non-contrasted MRI showed multifocal lesions

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Numbness in legs, tingling, legs or giving out; Patient has been taken medication

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; MS; medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6-1-15; There has been treatment or conservative therapy.; patient having pain and weakness; medications, physical therapy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/17/2014; There has been treatment or conservative therapy.; dizziness and weakness, memory impairment. Back pain and joint pain; Medication were given

; 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.; 07/27/2015; There has been treatment or conservative therapy.; back pain with loss of strength and radiating neck pain down arm with tension in neck; medication treatment with zanaflex and hydrocodone

; This study is being ordered for a neurological disorder.; 2014; It is not known if there has been any treatment or conservative therapy.; numbness and tingling in calves radiating to toes

; This study is being ordered for a neurological disorder.; Alayna is here today for a follow up on Multiple Sclerosis. She is on Copaxone 40 mgs TIW since mid March and she is tolerating it well. Today she reports that 3 wks ago, she developed pain in her left buttocks, "not in bone or muscle", that radiates into ; There has been treatment or conservative therapy.; Plan/Assessment: 1. Multiple Sclerosis, presumed exacerbation, on Copaxone 40 mgs TIW. Information given to pt on Aubagio; 2. Carbamazepine 200 mgs- start with a 1/2 tablet twice per day and go up by 1/2 tablet each day to a maximum of three whole tabs t; Plan/Assessment: 1. Multiple Sclerosis, presumed exacerbation, on Copaxone 40 mgs TIW. Information given to pt on Aubagio; 2. Carbamazepine 200 mgs- start with a 1/2 tablet twice per day and go up by 1/2 tablet each day to a maximum of three whole tabs t

; This study is being ordered for a neurological disorder.; Amber is here today for a follow up on her problems with MS. She is currently on Copaxone 40 mgs TIW and is tolerating it fairly well other than a few site injection reactions. She continues to have trouble with migraines, muscle spasms and neuropathic pain; There has been treatment or conservative therapy.; ; 1. Multiple Sclerosis- relapsing remitting, stable on Copaxone 40 mgs TIW.; 2. Labs-CBC, CMP, TSH and Vitamin d level.; 3. Neuropathic Pain-Gabapentin 300 mgs QD and may increase to TID if needed.; 4. Muscle Spasms-info on stretching with MS given. Baclof

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/07/2015
WEAKNESS,PARESTHESIA; R/O MYELOPATHY; There has been treatment or conservative therapy.; WEAKNESS,PARESTHESIA,DORSIFLEXORS SEVERLY WEAKENED NOT IMPROVING,SHE IS USING CRUTCHES; Medication; Cymbalta 60MG; ibuprofen 200 mg capsule; Percocet 7.5 mg-325 mg tablet,PT ALSO HAD EMG/NCV,DISCONTINUED LYRICA AND GABAPENTIN.

BACK PAIN WITH SPASMS BRAIN MRI SUSPICIOUS FOR MS.; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; EVALUATION FOR MS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.

follow up for MS; This study is being ordered for a neurological disorder.; 11/11/2013; There has been treatment or conservative therapy.; numbness and weakness chronic neck and back pain malaise and fatigue also dizziness and tingling; medication and MRI

Lumbosacral plexus lesions (353.1).; The cause of leg weakness is not certain. Further evaluation at UAMS is needed to try to sort this out. I thought the problem was a lumbosacral plexopathy; this is something difficult to diagnose and rare so we need a; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; Examination is again notable for 4/5 proximal leg weakness with antalgic gait, difficulty on tandem gait, and quadriceps atrophy without fasciculations. Nasal speech. Reflexes are reduced. Sensation to light touch is intact; VS noted. Afebrile; Well gr; hydralazine 50 mg tablet; take 1 tablet by oral route 3 times every day with food; 05/05/2015; ;
; N; spironolactone 50 mg tablet; take 1 tablet by oral route every day; 05/05/2015; ; ; N; lisinopril 40 mg tablet; take 1 tablet by oral route every day;

MS WORSENING SYMPTOMS OF WEAKNESS AND TINGLING WITH SPASMS; This study is being ordered for a neurological disorder.; 06/19/2014; There has been treatment or conservative therapy.; WEAKNESS FATIGUE NUMBNESS OF RIGHT FACE TINGLING LEG SPASMS; COPAXONE  BACLOFEN

Ms.McCann is a pleasant 37 yo woman with known PMH of HTN/depression/anxiety/fibromyalgia/PRP and tells me that she has been seeing "13 different doctors" for all the above problems. She states that for the past few years she has been having on and off pr; This study is being ordered for a neurological disorder.;

Ms.McCann is a pleasant 37 yo woman with known PMH of HTN/depression/anxiety/fibromyalgia/PRP and tells me that she has been seeing "13 different doctors" for all the above problems. She states that for the past few years she has been having on and off pr; There has not been any treatment or conservative therapy.;

Ms.McCann is a pleasant 37 yo woman with known PMH of HTN/depression/anxiety/fibromyalgia/PRP and tells me that she has been seeing "13 different doctors" for all the above problems. She states that for the past few years she has been having on and off pr

None; This study is being ordered for a neurological disorder.; N/A; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

PATIENT WITH HISTORY OF MS WITH RIGHT LEG WEAKNESS AND PARESTHESIAS IN THE THIGH AND CALF OVER THE LAST 6 WEEKS. TINGLING IN THE RIGHT LATERAL THORACIC AREA. MRI BEING ORDERED TO RULE OUT NEW MS EXACERBATIONS.; This study is being ordered for a neurological disorder.; 6 WEEKS AGO; There has not been any treatment or conservative therapy.; PATIENT WITH HISTORY OF MS WITH RIGHT LEG WEAKNESS AND PARESTHESIAS IN THE THIGH AND CALF OVER THE LAST 6 WEEKS. TINGLING IN THE RIGHT LATERAL THORACIC AREA.

pt has multiple sclerosis; looking for 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.; member has MS 10 yrs ago; There has been treatment or conservative therapy.; blurred vision lower extremity weakness ataxia; typhoid
r/o MS; This study is being ordered for a neurological disorder.; four years; There has been treatment or conservative therapy.; low back pain aching burning stabbing tingling and numbness and shooting pain in the back difficulty with ambulation migraines; medication
Relapse; This study is being ordered for a neurological disorder.; 6/8/2012; There has been treatment or conservative therapy.; Neck pain; Numbness; Tingling; Medication

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.
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.; The patient complains that she hurts around her neck, shoulders and pain around her back wear her bra strap would be that radiates around forward to under her rib cage. The patient noticed back in the summer when she was working with a personal trainer s; 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.; 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 chronic back pain or suspected degenerative disease.; The upper back pain was first noticed 10 months ago and got worse overtime. He also c/o numbness and tingling in the hands, forearms and shoulders. He noticed to dropping things from the hands. has been to PT; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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 states that 10 to 15 years ago he developed the insidious onset of a sense that he had numbness and tingling in the right foot as if it felt swollen. He watched progression of the numbness and tingling into both feet radiating into both legs a; This study is being ordered for a neurological disorder.; 10 to 15 years ago; There has not been any treatment or conservative therapy.; paresthesias

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 bowel or bladder dysfunction.

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.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Bilateral leg weakness and numbness causing falls

This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; Imbalance, tingling in hands, leg jerking, and walking imbalance.; Physical therapy, and lumbar puncture.

unknown; This study is being ordered for a neurological disorder.; 02/2015; There has not been any treatment or conservative therapy.; patient is having numbness tingling from waist down complain of weakness, bladder discomfort and difficult walking and back pain.

Unknown; This study is being ordered for a neurological disorder.; 08/26/2013; There has been treatment or conservative therapy.; Numbness, tingling, balance, ataxia, parathesia, headaches; Medications

Worsening symptoms; This study is being ordered for a neurological disorder.; 2004; There has been treatment or conservative therapy.; Numbness, weakness in lower extremities; gate disturbance; Tysabri

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 yrs; There has been treatment or conservative therapy.; NECK PAIN RADIATING INTO LEFT MEDIAL SCAPULA AND LOW BACK PAIN.; PATIENT FAILED 6 MONTHS 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.; 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 4 exams are being ordered.

; This study is being ordered for a neurological disorder.; 02/03/2015; There has been treatment or conservative therapy.; severe radiating neck and back pain; medication management

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; tingling and pain shooting down to the right leg; gabapentin and pain relievers

; This study is 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 OR 2 MONTHS AGO; There has been treatment or conservative therapy.; Numbness in left hand, gradually spreads to the lower legs and feet. Weakness, chronic neck and back pain. Radicular pain that shoots from the neck to the arms. He has the same pain in his lower back. Had an nerve conduction study that showed carpal tunne; FAILED CONSERVATIVE TREAMENTS. Has completed PT

Known MS, known history of degenerative disc disease; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Back pain, weakness in leg, radiation pain in hip; Medication

Lumbosacral plexus lesions (353.1). The cause of leg weakness is not certain. Further evaluation at UAMS is needed to try to sort this out. I thought the problem was a lumbosacral plexopathy; this is something difficult to diagnose and rare so we need a; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; Examination is again notable for 4/5 proximal leg weakness with antalgic gait, difficulty on tandem gait, and quadriceps atrophy without fasciculations. Nasal speech. Reflexes are reduced. Sensation to light touch is intact; VS noted. Afebrile; Well gr; hydralazine 50 mg tablet; take 1 tablet by oral route 3 times every day with food; 05/05/2015; ; ; ; N; spironolactone 50 mg tablet; take 1 tablet by oral route every day; 05/05/2015; ; ; ; N; lisinopril 40 mg tablet; take 1 tablet by oral route every day;

Multiple largely neurologic symptoms of uncertain cause for 1 year - possible encephalopathy with or without cervical myelopathy, lumbar spinal stenosis, seizures. Differential includes MS, hepatitis C related neurologic dysfunction, auto-immune encephal; This study is being ordered for a neurological disorder.; Davis is a 44-year-old seen in consultation to Dr. Smith regarding several symptoms that have been present for about 1 year. Mr. Davis is here with wife and they detail that he is having particular problems with headaches, leg weakness and pain, and thi; There has been treatment or conservative therapy.; Constitutional; Positive; Fatigue, Weight loss.; ENMT; Positive; Hearing loss.; Eyes; Positive; Vision changes.; Respiratory; Positive; Dyspnea.; Cardio; Positive; Chest pain.; GI; Positive; Abdominal pain.; GI; Negative; Nausea.; GU; Negative; Urinary in; tramadol 50 mg tablet; take 1 tablet by oral route every 6 hours as needed; 10/15/2014; 09/10/2015; ; ; ; hydrocodone 5 mg-acetaminophen 325 mg tablet; take 1 tablet by oral route every 6 hours as needed for pain; 10/15/2014; None; This study is being ordered for a neurological disorder.; N/A; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Patient has severe pain in her right shoulder, and weakness to the right arm, she cant raise her right arm, she had a MRI cervical spine with no significant central canal or natural neural foraminal stenosis. She had a round of Steroids that helped with t; 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

PATIENT WITH HISTORY OF MS WITH RIGHT LEG WEAKNESS AND PARESTHESIAS IN THE THIGH AND CALF OVER THE LAST 6 WEEKS. TINGLING IN THE RIGHT LATERAL THORACIC AREA. MRI BEING ORDERED TO RULE OUT NEW MS EXACERBATIONS.; This study is being ordered for a neurological disorder.; 6 WEEKS AGO; There has not been any treatment or conservative therapy.; PATIENT WITH HISTORY OF MS WITH RIGHT LEG WEAKNESS AND PARESTHESIAS IN THE THIGH AND CALF OVER THE LAST 6 WEEKS. TINGLING IN THE RIGHT LATERAL THORACIC AREA.

Surveillance R/O MS; This study is being ordered for a neurological disorder.; 10-15 yrs ago; There has been treatment or conservative therapy.; Severe LBP Memory Loss Numbness; Medication 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.; 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.; 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 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 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; This study is being ordered for a neurological disorder.; 02/2015; There has not been any treatment or conservative therapy.; patient is having numbness tingling from waist down complain of weakness, bladder discomfort and difficult walking and back pain.

had a Abnormal MRI done yesterday; This study is being ordered for a neurological disorder.; 7/17/2014; There has been treatment or conservative therapy.; Numbness and tingling back pain; he was on medication

low back pain radiating to left lower extremity. Mrs Hampton returns to the clinic for her routine visit after her SI injection and states her pain has been reduced. She continues to be sxs when she sits and her BLE at times feel numb. Her L buttock pain i; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Cervical spine MRI negative for spondylosis and new disc. Evaluation for mass lesion plexus impingement.; This study is being ordered for a neurological disorder.; mid January of 2015; There has not been any treatment or conservative therapy.; left upper extremity weakness, numbness, and tingling. Patient describes weakness involving particularly the hand and forearm.

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 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.; rotator cuff syndrome; paresthesia

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

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; tingling and pain shooting down to the right leg; gabapentin and pain relievers

Further diagnostic evaluations ordered today include(s) MRI LOWER EXTREMITI W/wo Contrast, Right, thigh to be performed 10/6/15 and MRI PELVIS W/AND W/O CONTRAST, Right, hip to be performed 10/6/15.; This study is being ordered for a neurological disorder.; This patient is a 37-year-old male that I initially evaluated when he presented to the office with profound spasticity and myelopathic findings. His symptoms began about a year ago. I initially evaluated him in November of last year. He was complaining; There has been treatment or conservative therapy.; Abnormality of gait (781.2). The patient has an unsteady, spastic gait. Initially it appeared that he had a fairly straightforward case of cervical myelopathy. He had significant cord compression from a very large protruding disk. He did not improve f; Medication Name Sig Desc Start Date Stop Date Refilled baclofen 10 mg tablet take 1 tablet by oral route 3 times every day 01/05/2015 09/10/2015  amitriptyline 25 mg tablet take 1 tablet by oral route every day at bedtime 03/04/2015 09/10/20

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.; worsening weakness, right peroneal; Suspicious Mass or Suspected Tumor/ Metastasis

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.

Further diagnostic evaluations ordered today include(s) MRI LOWER EXTREMITI W/wo Contrast, Right, thigh to be performed 10/6/15 and MRI PELVIS W/AND W/O CONTRAST, Right, hip to be performed 10/6/15.; This study is being ordered for a neurological disorder.; This patient is a 37-year-old male that I initially evaluated when he presented to the office with profound spasticity and myelopathic findings. His symptoms began about a year ago. I initially evaluated him in November of last year. He was complaining; There has been treatment or conservative therapy.; Abnormality of gait (781.2). The patient has an unsteady, spastic gait. Initially it appeared that he had a fairly straightforward case of cervical myelopathy. He had significant cord compression from a very large protruding disk. He did not improve f; Medication Name Sig Desc Start Date Stop Date Refilled baclofen 10 mg tablet take 1 tablet by oral route 3 times every day 01/05/2015 09/10/2015  amitriptyline 25 mg tablet take 1 tablet by oral route every day at bedtime 03/04/2015 09/10/2015
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 organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; lower abdominal pain that radiates to back, nausea, history of removal or large intestine and colon, MD wants to rule out abnormal pathology

; This study is being ordered for a neurological disorder.; We had the pleasure of seeing Bobby Zachary in the Epilepsy Clinic at the University of Arkansas for Medical Sciences on 07/29/2015 for Follow up of treatment refractory focal epilepsy likely temporal The patient was accompanied by his girlfriend Besides ; There has been treatment or conservative therapy.; ; General: Patient was not in any acute distress. Was hemodynamically stable. Neurological (screening) Patient was alert, conscious and oriented. Speech was fluent without any dysarthria. Cranial nerve: Ocular movements were preserved without any nystagmus.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6 mths ago; There has been treatment or conservative therapy.; numbness in extremities; Mobic// aspirin// meds; This combination request does not include an OB Ultrasound.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 12/2014; There has been treatment or conservative therapy.; Passing out as well as headaches. Neck and shoulder pain and confusion; Patient was given medication

Dizziness Tingling in left arm.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

DM- BS are doing good at home. BS 60-160. Last a1c was 9.6 3 months ago and we started metformin. On insulin also HTN- BP has been normal since starting Hydralazine. But has been having left arm tingling when he takes nifedipine in the morning. He had ; 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 stroke or aneurysm.; This study is being ordered for screening for aneurysm or AVM.

This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.

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 brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; none; This study is being ordered for Vascular Disease.; 07/09/2015; There has been treatment or conservative therapy.; none; Medication

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

R/O hypercoagulable state; This study is being ordered for a neurological disorder.; 08/19/2014; There has been treatment or conservative therapy.; Falling, headache, memory impairment, numbness in extremities; MRI, medication
Unknown; This study is being ordered for a neurological disorder.; 05/01/2015; There has been treatment or conservative therapy.; headache, dizziness, paresthesia, alteration of awareness, stroke; pt with abnormal carotid doppler indicating occlusion. CTA recommended by radiologist

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the brain. ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; none; This study is being ordered for Vascular Disease.; 07/09/2015; There has been treatment or conservative therapy.; none; Medication

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Provider Plan; The risk of stroke when off antiplatelet therapy for colonoscopy was discussed; the risk is small but non-zero. From the description it appears that the colonoscopy is an important study that would likely justify this risk.; This study is being ordered for a neurological disorder.; right stroke with right intracranial carotid high-grade stenosis or occlusion 9, 2014 with residual left weakness. The cause is unclear; atherosclerotic risk factors include hypercholesterolemia; he was on depo-testosterone at the time of the event.; There has been treatment or conservative therapy.; right stroke with right intracranial carotid high-grade stenosis or occlusion 9, 2014 with residual left weakness. The cause is unclear; atherosclerotic risk factors include hypercholesterolemia; he was on depo-testosterone at the time of the event.; C; clopidogrel 75 mg tablet; Xanax 0.5 mg tablet; Flexeril 10 mg tablet; fenofibrate micronized 134 mg capsule; hydrocodone 10 mg-acetaminophen 325 mg tablet; amitriptyline 50 mg tablet; Xanax 1 mg tablet

Radiology Services Denied Not Medically Necessary

r/o ms and stroke; This study is being ordered for Vascular Disease.; 03/19/2015; There has been treatment or conservative therapy.; Headaches/memory impairment/numbness/speech difficulty/tingling/difficulty swallowing/fatigue/malaise; medication/cta

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for a neurological disorder.; 05/01/2015; There has been treatment or conservative therapy.; headache, dizziness, paresthesia, alteration of awareness, stroke; pt with abnormal carotid doppler indicating occlusion. CTA recommended by radiologist

Radiology Services Denied Not Medically Necessary

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 reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation

Radiology Services Denied Not Medically Necessary

; This study is 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

; This study is being ordered for something other than: known 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

EnIn terms of location her headaches worse right-sided only in her side locked in the frontotemporal region with retro-orbital pain She has noticed that her right face is flushed and reports that she is restless or agitated and cannot lie down during her ; This study is being ordered for a neurological disorder.; She reports that her menstrual cycle started at age 8 or 9 in third grade and that is also in her headaches began  In terms of location her headaches worse right-sided only in her side locked in the frontotemporal region with retro-orbital pain  She ha; There has been treatment or conservative therapy.; In terms of location her headaches worse right-sided only in her side locked in the frontotemporal region with retro-orbital pain She has noticed that her right face is flushed and reports that she is restless or agitated and cannot lie down during her he; She is never had an MRI and her last eye checkup was in high school. She is currently on topiramate 100 mg twice a day and nortriptyline 50 mg. In the past she has tried zonisamide Lexapro and Zoloft. For her mood she is on Wellbutrin. She has taken Imitr

Radiology Services Denied Not Medically Necessary

family history of brain aneurysms; This study is being ordered for a neurological disorder.; 2008; There has been treatment or conservative therapy.; headaches, migraines, photophobia and nausea; Meds

Radiology Services Denied Not Medically Necessary

Headaches are probably due to analgesic rebound and migraine. Imaging is recommended in light of problems with loss of consciousness and intractable continuous headache.; Remember non-pharmacologic therapy of headache (adequate rest, regular meals, stress; This study is being ordered for a neurological disorder.; Migraines have been problematic since about 2009; There has been treatment or conservative therapy.; Blackout spells with prodromal lightheaded sensation and palpitations developed in February and ceased on stopping work in June. She suffers loss of consciousness for a matter of minutes during which time witnesses note that it appears that she is "going; Treatment with sumatriptan made her joints hurt severely. She takes 7-8 ibuprofen, Tylenol, and hydrocodone combined daily

Radiology Services Denied Not Medically Necessary

Known mass seen on MRI (09/10/2013).; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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

motor vehicle accident, weakness on exam in both hands.; This study is being ordered for trauma or injury.; 07/10/2015; There has been treatment or conservative therapy.; dizziness, decreased appetite; medications

Multiple largely neurologic symptoms of uncertain cause for 1 year - possible encephalopathy with or without cervical myelopathy, lumbar spinal stenosis, seizures. Differential includes MS, hepatitis C related neurologic dysfunction, auto-immune encephal; This study is being ordered for a neurological disorder.; Davis is a 44-year-old seen in consultation to Dr. Smith regarding several symptoms that have been present for about 1 year. Mr. Davis is here with wife and they detail that he is having particular problems with headaches, leg weakness and pain, and thi; There has been treatment or conservative therapy.; Constitutional Positive Fatigue, Weight loss. ENMT Positive Hearing loss. Eyes Positive Vision changes. Respiratory Positive Dyspnea. Cardio Positive Chest pain. GI Positive Abdominal pain. GI Negative Nausea. GU Negative Urinary in; tramadol 50 mg tablet take 1 tablet by oral route every 6 hours as needed 10/15/2014 09/10/2015  N hydrocodone 5 mg-acetaminophen 325 mg tablet take 1 tablet by oral route every 6 hours as needed for pain 10/15/2014

Radiology Services Denied Not Medically Necessary

Patient had a stroke; This study is being ordered for Vascular Disease.; 8/6/2015; There has been treatment or conservative therapy.; Memory loss  Numbness back pain  Weakness; Patient had an MRI done 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

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This study is being ordered for a neurological disorder.; 05/13/2015; There has been treatment or conservative therapy.; FEELS LIKE SOMETHING CRAWLING ON L) SIDE OF FACE,UP LOWER JAW AND UP TO TOP OF SCALP,THEN BACK DOWN,LITTLE BURNING PAIN WITH IT ,BRIEF SPELLS OF NUMBNESS FEELING IN L)ARM,HAND CLAWED UP 1 TIME,BILATERAL FACE TINGLING; Abnormal sensation  Man with onset early June of feeling like a spider crawling on his L face. He cont to get attacks of this, c a crawling or flickering feeling moving up from the lower jaw all the way up to top of scalp, then back down, then resolves.

Radiology Services Denied Not Medically Necessary

To rule out the possibilities of central nervous system vascular event such as a TIA with the visin distruvance, losso of speech, and the right hank numbness. Also to rule out vascular rish factors; This study is being ordered for a neurological disorder.; 6-15-2015; There has been treatment or conservative therapy.; vision loss, speech problems and transient right arm weakness; ct scan, chest x-ray, blood work, and ekg ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;

Radiology Services Denied Not Medically Necessary

Headaches are probably due to analgesic rebound and migraine. Imaging is recommended in light of problems with loss of consciousness and intractable continuous headache.. Remember non-pharmacologic therapy of headache (adequate rest, regular meals, stres; This study is being ordered for a neurological disorder.; Migraines have been problematic since about 2009; There has been treatment or conservative therapy.; Blackout spells with prodromal lightheaded sensation and palpitations developed in February and ceased on stopping work in June. She suffers loss of consciousness for a matter of minutes during which time witnesses note that it appears that she is "going; Treatment with sumatriptan made her joints hurt severely. She takes 7-8 ibuprofen, Tylenol, and hydrocodone combined daily

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Multiple largely neurologic symptoms of uncertain cause for 1 year - possible encephalopathy with or without cervical myelopathy, lumbar spinal stenosis, seizures. Differential includes MS, hepatitis C related neurologic dysfunction, auto-immune encephal; This study is being ordered for a neurological disorder.; Davis is a 44-year-old seen in consultation to Dr. Smith regarding several symptoms that have been present for about 1 year. Mr. Davis is here with wife and they detail that he is having particular problems with headaches, leg weakness and pain, and thi; There has been treatment or conservative therapy.; Constitutional Positive Fatigue, Weight loss. ENMT Positive Hearing loss. Eyes Positive Vision changes. Respiratory Positive Dyspnea. Cardio Positive Chest pain. GI Positive Abdominal pain. GI Negative Nausea. GU Negative Urinary in; tramadol 50 mg tablet take 1 tablet by oral route every 6 hours as needed 10/15/2014 09/10/2015  N hydrocodone 5 mg-acetaminophen 325 mg tablet take 1 tablet by oral route every 6 hours as needed for pain 10/15/2014

Radiology Services Denied Not Medically Necessary

Patient had a stroke; This study is being ordered for Vascular Disease.; 8/6/2015; There has been treatment or conservative therapy.; Memory loss  Numbness back pain  Weakness; Patient had an MRI done

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

wants to make sure there is no more abnormality going on.; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; severe headaches, memory loss, has sharp stabbing, light and noise intolerant. Daily headaches, short term memory changes.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Numbness in legs, tingling, legs or giving out; Patient has been taken 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.; ; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In UnknownMs. Provins is a 43 year old White female. This is her first visit to the clinic. She presents with headache. Referred by Dr Faro   HPI: Rare H/A earlier in life, when allergic to something, seasonal changes, but; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Ms. Provins is a 43 year old White female. This is her first visit to the clinic. She presents with headache. Referred by Dr Faro   HPI: Rare H/A earlier in life, when allergic to something, s having seiuzes MD wants to follow up; 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

HPI Comments: Mrs Privett is a 64 yr old female who presents with a hx of a stroke last yr but in May 2015 has noted changes in mental status and was hallucinatiing and having abnormal smells And tastes like burnt objects. Denies episodes of LOC but has H; 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

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

Ms.McCann is a pleasant 37 yo woman with known PMH of HTN/depression/anxiety/fibromyalgia/PRP and tells me that she has been seeing "13 different doctors" for all the above problems. She states that for the past few years she has been having on and off pr; This study is being ordered for a neurological disorder.;

Ms.McCann is a pleasant 37 yo woman with known PMH of HTN/depression/anxiety/fibromyalgia/PRP and tells me that she has been seeing "13 different doctors" for all the above problems. She states that for the past few years she has been having on and off pr; There has not been any treatment or conservative therapy.;

Ms.McCann is a pleasant 37 yo woman with known PMH of HTN/depression/anxiety/fibromyalgia/PRP and tells me that she has been seeing "13 different doctors" for all the above problems. She states that for the past few years she has been having on and off pr

Radiology Services Denied Not Medically Necessary

PATIENT HAS A HISTORY OF VERTIGO INCREASING HEADACHES ASSOCIATED WITH POOR BALANCE. PT HAS A HX OF MIGRAINES WITH PHOTO AND PHONOPHOBIA. HEADACHES FREQUENCY AND SEVERITY ARE WORSENING.;

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.

patient tried an antidepressant w/o relief , no cause, HX prophylactic therapy.

Recurring almost everyday, posterior aspect of the headache. HA causing nausea, and vomiting. Patient has an abnormal CT.;

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

Problem #2: New issue - headaches. 5 out of 30 days out of the month. Sometimes she will get nauseous and sometimes it can be pounding and throbbing. Will prescribe generic Maxalt.  

Problem #3: In addition to headaches she does report some unstea; 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

Surveillance; R/O MS; This study is being ordered for a neurological disorder.; 10-15 yrs ago; There has been treatment or conservative therapy.; Severe LBP; Memory Loss; Numbness; Medication; PT

This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.

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.; 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.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; We had the pleasure of seeing Bobby Zachary in the Epilepsy Clinic at the University of Arkansas for Medical Sciences on 07/29/2015 for Follow up of treatment refractory focal epilepsy likely temporal; The patient was accompanied by his girlfriend; Besi; There has been treatment or conservative therapy.; ; General: Patient was not in any acute distress. Was hemodynamically stable.; ; Neurological (screening); Patient was alert, conscious and oriented. Speech was fluent without any dysarthria.; Cranial nerve: Ocular movements were preserved without any nys; This combination request does not include an OB Ultrasound.

Radiology Services Denied Not Medically Necessary

This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; complete back pain; physical therapy for 6 weeks, anti-inflammatory medications

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 12/2014; There has been treatment or conservative therapy.; Passing out as well as headaches. Neck and shoulder pain and confusion; Patient was given medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; many years; There has been treatment or conservative therapy.; nausea  dizziness  sharp pain behind the right eye; elavil

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 6/2014; There has been treatment or conservative therapy.; decreased strength, low back and neck pain, analgesic use, limited ROM, due to the pain in neck and back.; conservative therapy and has seen a pain mgmt mdo.

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.; patient has numbness in the right side of the head and some neck and some feeling of weakness in the upper arms. Patient has a history of frozen 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

; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".

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.; 07/21/2015; There has been treatment or conservative therapy.; radiating low back and neck pain; medication management

Radiology Services Denied Not Medically Necessary

Clinical Information; History / Dx: 729.5 Hand pain; History / Dx: Pain in her hands. Positive numbness. Nerve conduction studies on her more affected hand were negative. She has not been able to get carpal tunnel braces yet as I recommended.; Str; 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

Enter answer here - or Type In UnknownMs. Provins is a 43 year old White female. This is her first visit to the clinic. She presents with headache. Referred by Dr Faro; ; HPI: Rare H/A earlier in life, when allergic to something, seasonal changes, but; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Ms. Provins is a 43 year old White female. This is her first visit to the clinic. She presents with headache. Referred by Dr Faro; ; HPI: Rare H/A earlier in life, when allergic to something, s

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.; Bypassed for Clinical Submission

Ms.McCann is a pleasant 37 yo woman with known PMH of HTN/depression/anxiety/fibromyalgia/PRP and tells me that she has been seeing "13 different doctors" for all the above problems. She states that for the past few years she has been having on and off pr; This study is being ordered for a neurological disorder.; Ms.McCann is a pleasant 37 yo woman with known PMH of HTN/depression/anxiety/fibromyalgia/PRP and tells me that she has been seeing "13 different doctors" for all the above problems. She states that for the past few years she has been having on and off pr; There has not been any treatment or conservative therapy.; Ms.McCann is a pleasant 37 yo woman with known PMH of HTN/depression/anxiety/fibromyalgia/PRP and tells me that she has been seeing "13 different doctors" for all the above problems. She states that for the past few years she has been having on and off pr

Radiology Services Denied Not Medically Necessary

numbness in arms and legs, not responding to PT; 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

Patient has constant neck pain that shoots pain all over head and down both shoulders. Patient has had multiple episodes of blacking out with loss of memory. Arms, hands, and feet numb at all times. Patient has balance problems, walks "funny" at times. Ha; 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

r/o ms and stroke; This study is being ordered for Vascular Disease.; 03/19/2015; There has been treatment or conservative therapy.; Headaches/memory impairment/numbness/speech difficulty/tingling/difficulty swallowing/fatigue/malaise; medication/cta

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

r/o MS; This study is being ordered for a neurological disorder.; four years; There has been treatment or conservative therapy.; low back pain aching burning stabbing tingling and numbness and shooting pain in the back difficulty with ambulation migraines; medication

Radiology Services Denied Not Medically Necessary

The patient returns for evaluation. He is still having ambulating difficulties. He complains of discomfort in his right leg. The pain at times can be quite severe. The pain is daily. The pain causes him to bear less weight on this leg than on his left; This study is being ordered for a neurological disorder.; 09/10/2014; There has been treatment or conservative therapy.; This patient is a 37-year-old male that I initially evaluated when he presented to the office with profound spasticity and myelopathic findings. His symptoms began about a year ago. I initially evaluated him in November of last year. He was complaining; baclofen 10 mg tablet; take 1 tablet by oral route 3 times every day; amitriptyline 25 mg tablet; take 1 tablet by oral route every day at bedtime; Lyrica 75 mg capsule; take 1 capsule by oral route 3 times every day; tramadol 50 mg tablet; 1 po q 6 hrs

Radiology Services Denied Not Medically Necessary

There has not been a reason or finding as to why patient has foot drop.; This study is 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

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; 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.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; Neck and back pain. Cramps in shoulder.; 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; The reason for ordering this test is Neurologic 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; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; <Enter Additional Clinical Information>

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; Ruling out c-spine lesion, myopathy. Patient has numbness in bilateral upper and lower extremities and generalized weakness.; 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

stabbing burning pain in low back and thoracic; This study is being ordered for a neurological disorder.; 07/21/2015; There has been treatment or conservative therapy.; stabbing burning pain in low back and thoracic; medication management
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 abnormal gait.

Radiology Services Denied Not Medically Necessary

The patient returns for evaluation. He is still having ambulating difficulties. He complains of discomfort in his right leg. The pain at times can be quite severe. The pain is daily. The pain causes him to bear less weight on this leg than on his left; This study is being ordered for a neurological disorder.; 09/10/2014; There has been treatment or conservative therapy.; This patient is a 37-year-old male that I initially evaluated when he presented to the office with profound spasticity and myelopathic findings. His symptoms began about a year ago. I initially evaluated him in November of last year. He was complaining; baclofen 10 mg tablet; take 1 tablet by oral route 3 times every day; amitriptyline 25 mg tablet; take 1 tablet by oral route every day at bedtime; Lyrica 75 mg capsule; take 1 capsule by oral route 3 times every day; tramadol 50 mg tablet; 1 po q 6 hrs

Radiology Services Denied Not Medically Necessary

There has not been a reason or finding as to why patient has foot drop.; This study is 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

Thoracolumbar pain, presisten for several years byt worsening. The pateaint subjectiely has slight decreased sensation in the lower extremities with occasional paresthesias although I cannot detect any definded focal finding on examination today. Because; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; date unknown; There has been treatment or conservative therapy.; Back pain inbetween his shoulder blades to the upper part of his lumbar spine. Primarliy midline pain. He has pain on either side of his spine as well in the paraspinal regions. He describes it as a constant burning pain as well as an occasional sharp sho; physical therapy and pt is take robaxin and ultram

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Numbness in legs, tingling, legs or giving out; Patient has been taken medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 6/2014; There has been treatment or conservative therapy.; decreased strength, low back and neck pain, antalgic gate, limited ROM, due to the pain in neck and back.; conservative therapy and has seen a pain mgmt mdo.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 07/21/2015; There has been treatment or conservative therapy.; radiating low back and neck pain; medication management

Radiology Services Denied Not Medically Necessary

Pain radiating down legs hx Arnold chiari malformation R/O spinal stenosis hx of wolff Parkinson white; The study 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

stabbing burning pain in low back and thoracic; This study is being ordered for a neurological disorder.; 07/21/2015; There has been treatment or conservative therapy.; stabbing burning pain in low back and thoracic; medication 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.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.

Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.

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

Thoracolumbar pain, presisten for several years byt worsening. The pateint subjectiely has slight decreased sensation in the lower extremities with occasional paresthasias although I cannot detect any definded focal finding on examination today. Because; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; date unknown; There has been treatment or conservative therapy.; Back pain inbetween his shoulder blades to the upper part of his lumbar spine. Primarliy midline pain. He has pain on either side of his spine as well in the paraspinal regions. He describes it as a constant burning pain as well as an occasional sharp sho; physical therapy and pt is take robaxin and ultram ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This is a request for a Metabolic Brain PET scan; This study is not being ordered for refractory seizures, dementia, Alzheimer's disease or Tumor/Cancer.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; We had the pleasure of seeing Bobby Zachary in the Epilepsy Clinic at the University of Arkansas for Medical Sciences on 07/29/2015 for Follow up of treatment refractory focal epilepsy likely temporal; The patient was accompanied by his girlfriend; Besi; There has been treatment or conservative therapy.; ; General: Patient was not in any acute distress. Was hemodynamically stable.; ; Neurological (screening); Patient was alert, conscious and oriented. Speech was fluent without any dysarthria.; Cranial nerve: Ocular movements were preserved without any nys; This combination request does not include an OB Ultrasound.

Pt. has ovarian cancer, currently undergoing chemo, recent hearing loss. Requested CT of the head to check for metastases; 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.; 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 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.; 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.

Assesment for chemo therapy to see if treatment needs to be continued or changed.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 08/15/2015; There has been treatment or conservative therapy.; abdominal pain with bloating and cramping decreased appetite, nausea, constipation r/o bowel blockage; This testing, chest xray was abnormal

; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

MDO to R/O Hernia or 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.; 09/04/2015; There has not been any treatment or conservative therapy.; LWR ABD Pain in the groin area L-side.

Ovary was not seen on ultrasound; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; Something other than a cyst, tumor or mass was found on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.

patient had a miscarriage; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

pt had pelvis surgery, patient has constant pain since; 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 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 an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-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.

Assesment for chemo therapy to see if treatment needs to be continued or changed.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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.; 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 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.; 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 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; had vaginal bleeding, did have nausea with no vomiting. R lower abdominal pain that radiated to legs and low back. Had a transvaginal US that showed and R 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; increased hair growth, abnormal DHEAS level, an-ovulatory bleeding episodes

This is 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 x 1 yr

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; ureteral/vaginal fistula

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.; 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.

unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 08/15/2015; There has been treatment or conservative therapy.; abdominal pain with bloating and cramping decreased appetite, nausea, constipation r/o bowel blockage; This testing, chest xray was abnormal

US WAS 9/21 ABNORMAL; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.

MDO to R/O Hernia or 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.; 09/04/2015; There has not been any treatment or conservative therapy.; LWR ABD Pain in the groin area L-side.

Breast cancer screening member can't have skin compressed to do 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.

lesion w/ no target for biopsy, seen on mammogram not seen on u/s; 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.

none; 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 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 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

Sciatica, low back pain that re radiates down left leg. Xray of the Lumbar Apine on 09/03/15 showss Degenerative changes.; 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. had ULTRA and results showed that pt has a lesion within left adnexa and appears spate from uterus and left ovary / uncertain etiology that could represent endometrioma; This is a request for a Pelvis MRI.; It is not known if surgery is planned for within 30 days.; The study is being ordered for endometriosis.; A diagnosis of endometriosis has NOT been established.; The study is being ordered as a pre surgical evaluation.

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

This is a request for CT Angiography of the Abdomen and Pelvis.

Radiology Services Denied Not Medically Necessary

amenorrhea w/ bad cramps started Thursday she has tried ibuprofen 600 mg it did not help w/ the pain. She took Naproxen and it seemed to help. The pain has been going for about 2 mos and it is midline and on the right side too. She has 2 BMs/month and n; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.

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.; 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.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; low 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; unknown

Radiology Services Denied Not Medically Necessary

None; 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).

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; Head ache, decreased range of motion and tingling; Physical Therapy, Electro Stimulation Therapy and chiropractic adjustments w/ no improvements

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; Head ache, decreased range of motion and tingling; Physical Therapy, Electro Stimulation Therapy and chiropractic adjustments w/ no improvements

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 brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.

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.

"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.
6/18/2015; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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. faxing records.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

'None of the above' describes the reason for this request.; Finding of cancer elsewhere is related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.

restaging post chemo-metastatic pancreatic 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 been performed on the member in the past 3 months.

restaging to check the status of 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.; 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.; 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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.; This combination request does not include an OB Ultrasound.

6/18/2015; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 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 organ enlargement.; Which organ is enlarged? Liver; The patient had an Ultrasound.; The Ultrasound results were equivocal.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

restaging post chemo-metastatic pancreatic 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 been performed on the member in the past 3 months.

restaging to check the status of 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.; 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.; 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.; 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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.; This combination request does not include an OB Ultrasound.

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/11/2015; There has not been any treatment or conservative therapy.; POSITIVE MUTATION

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.

Evaluation of patient with 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 nsclc; 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 Sarcoma.; 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 Endometrial Sarcoma.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with Stage IV Endometrial Sarcoma.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Evaluation of patient with 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 nsclc; 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 Sarcoma.; 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 Endometrial Sarcoma.; 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

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 eval for endometrial 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.
< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/11/2015; There has not been any treatment or conservative therapy.; POSITVE MUTATION

Radiology Services Denied Not Medically Necessary

Evaluation of patient with 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 nsclc; 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 Sarcoma.; 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 Endometrial Sarcoma.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

ongoing unknown orbital pain and ocular irritation/history of old eye trauma; This is a request for a brain/head CT.; None of the listed reasons for the study have been selected.

"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 request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 8/31/15; There has not been any treatment or conservative therapy.; Headache behind eyes and frontal lobe swelling of the optic nerve

; 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.

It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this examination is being requested to evaluate lymphadenopathy or mass.; It is unknown if there is a suspicion of a bone infection (osteomyelitis).; 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.

MDO to evaluate the cause. Patient was recently DX with Hodgkins Lymphoma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/11/2015; There has not been any treatment or conservative therapy.; Loss of vision in R eye- 3 episodes. Severe headache. Chronic blurry vision.  MDO to evaluate the cause

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.; 5/2015; There has been treatment or conservative therapy.; blurred vision// HA's / weakens; ibuprophen

ON EXAM, HER VISION MEASURED 20/100 OD AND 20/200 OS FOR DISTANCE AND 20/100 OU FOR NEAR. ON DFE, HER OPTIC NERVES BOTH APPEAR PAL AND ATROPHIC, SHE IS SLIGHTLY MYOPIC ON CYCLOPLEGIC RETINOSCOPY; This study is being ordered for Congenital Anomaly.; 3/4/2015; There has not been any treatment or conservative therapy.; ON EXAM, HER VISION MEASURED 20/100 OD AND 20/200 OS FOR DISTANCE AND 20/100 OU FOR NEAR. ON DFE, HER OPTIC NERVES BOTH APPEAR PAL AND ATROPHIC, SHE IS SLIGHTLY MYOPIC ON CYCLOPLEGIC RETINOSCOPY

r/o tumors, stroke;; This study is being ordered for a neurological disorder.; sept 7th 2015; There has not been any treatment or conservative therapy.; blurred vision; double vision; dose imaging; vision shakes; present for the last 5 days

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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 not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 8/31/15; There has not been any treatment or conservative therapy.; Headache behind eyes and frontal lobe swelling of the optic nerve

MDO to evaluate the cause. Patient was recently DX with Hodgkins Lymphoma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/11/2015; There has not been any treatment or conservative therapy.; Loss of vision in R eye- 3 episodes. Severe headache. Chronic blurry vision.  MDO to evaluate the cause

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.; 5/2015; There has been treatment or conservative therapy.; blurred vision// HA's / weakens; ibuprophen

ON EXAM, HER VISION MEASURED 20/100 OD AND 20/200 OS FOR DISTANCE AND 20/100 OU FOR NEAR. ON DFE, HER OPTIC NERVES BOTH APPEAR PAL AND ATROPHIC, SHE IS SLIGHTLY MYOPIC ON CYCLOPLEGIC RETINOSCOPY; This study is being ordered for Congenital Anomaly.; 3/4/2015; There has not been any treatment or conservative therapy.; ON EXAM, HER VISION MEASURED 20/100 OD AND 20/200 OS FOR DISTANCE AND 20/100 OU FOR NEAR. ON DFE, HER OPTIC NERVES BOTH APPEAR PAL AND ATROPHIC, SHE IS SLIGHTLY MYOPIC ON CYCLOPLEGIC RETINOSCOPY

r/o tumors, stroke;; This study is being ordered for a neurological disorder.; sept 7th 2015; There has not been any treatment or conservative therapy.; blurred vision; double vision; dose imaging; vision shakes; present for the last 5 days
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 not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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 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.; The study is requested for known or suspected brain tumor, mass or cancer.

"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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/20/2015; There has been treatment or conservative therapy.; to evaluate for srynex; 6 weeks of physical therapy and medication

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is 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.

"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.

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.

last MRI results:09/09/2014; Sarcoma of soft tissue; This is a patient with high grade pleomorphic sarcoma of the left thigh s/p resection and adjuvant radiation therapy followed by development of a left lung lower lobe nodule, s/p resection and with add; This study is being ordered for a metastatic disease.; There are 2 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 Given. >; This study is being ordered for a work-up of a suspicious mass.; There is no radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.

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.

There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.

Evaluating cause of cervical spine pain and constant numbness in right arm into the hand. Patient notes constant numbness or tingling in his right hand worsened with rotation of his neck or raising his arms above his head. Describes pain in center of his ; This study is being ordered for a neurological disorder.; 2001; There has been treatment or conservative therapy.; Constant numbness in right arm and hand with occasional tingling. Patient reports episodes of vertigo.; Patient saw a chiropractor and stated therapy did not help alleviate pain symptoms.

R/O disc herniation and fracture; This study is being ordered for a neurological disorder.; 2/14/15; There has been treatment or conservative therapy.; severe right arm pain with numbness and tingling. right hand weakness.; PT for 3 months. medications.

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 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 to be part of a Myelogram.; This is a request for a Cervical Spine CT

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/30/2015; There has been treatment or conservative therapy.; Low back pain with pain down the leg; surgery, Nsaid treatment and home excersice program

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/28/2015; There has been treatment or conservative therapy.; ; patient has had NSAID therapy, Home exercise Program per dr seale, Hydrocodone PRN pain, also Prednisone,

Enter answer here - or Type In Arkansas Specialty Orthopaedics, 600 South McKinley, Little Rock, AR 72205

_____  PATIENT: Myra Pope MED REC NUM: 00000031527 DATE OF; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; back pain; home exercises, celebrex

The comprehensive history taken on 08/05/2015 was reviewed and is unchanged.  59-year-old female with a chronic history of low back pain. The pain is severe. The pain does bother her at night. She has minimal to no radiation. The pain is aching and ; This study is being ordered for Congenital Anomaly.; 02/15/2015; There has been treatment or conservative therapy.; 59-year-old female with a chronic history of low back pain. The pain is severe. The pain does bother her at night. She has minimal to no radiation. The pain is aching and burning. The pain is getting worse. The pain worsens with bending, lifting and; She has had thorough physical therapy and chiropractic care with minimal improvement. She has been through multiple medications including muscle relaxers and anti-inflammatories.

The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.

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.

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 CT.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.

This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; There is a known condition of neurological deficits.

to evaluate the severity of the patients scoliosis; This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; Patient is having severe pain and decreased pulmonary functions. Patient is also having leg pain.; unknown

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/30/15; There has been treatment or conservative therapy.; Radiation into both arms thumb numbness-she; Physical therapy-anti inflammatories-

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/28/2015; There has been treatment or conservative therapy.; ; patient has had NSAID therapy, Home exercise Program per dr seale, Hydrocodone PRN pain, also Prednisone,

Enter answer here - or Type In Arkansas Specialty Orthopaedics, 600 South McKinley, Little Rock, AR 72205

  PATIENT: Myra Pope MED REC NUM: 00000031527 DATE OF; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; back pain; home exercises, celebrex

Evaluating cause of cervical spine pain and constant numbness in right arm into the hand. Patient notes constant numbness or tingling in his right hand worsened with rotation of his neck or raising his arms above his head. Describes pain in center of his ; This study is being ordered for a neurological disorder.; 2001; There has been treatment or conservative therapy.; Constant numbness in right arm and hand with occasional tingling. Patient reports episodes of vertigo.; Patient saw a chiropractor and stated therapy did not help alleviate pain symptoms.

The comprehensive history taken on 08/05/2015 was reviewed and is unchanged. 59-year-old female with a chronic history of low back pain. The pain is severe. The pain does bother her at night. She has minimal to no radiation. The pain is aching and ; This study is being ordered for Congenital Anomaly.; 02/15/2015; There has been treatment or conservative therapy.; 59-year-old female with a chronic history of low back pain. The pain is severe. The pain does bother her at night. She has minimal to no radiation. The pain is aching and burning. The pain is getting worse. The pain worsens with bending, lifting and; She has had thorough physical therapy and chiropractic care with minimal improvement. She has been through multiple medications including muscle relaxers and 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.

to evaluate the severity of the patients scoliosis; This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; Patient is having severe pain and decreased pulmonary functions. Patient is also having leg pain.; 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.; 1995; There has been treatment or conservative therapy.; Pain in left side of low back and down leg. Now in right leg and down to ankle. Describes it as someone stabbing him. Rates pain a 9 out of 10, worsens with sneezing, standing, walking, coughing, and twisting, keeps him from sleeping.; PT, injections, surgery, medication OTC and prescribed,

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/30/15; There has been treatment or conservative therapy.; Radiation into both arms thumb numbness-she; Physical therapy-anti inflammatories-

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/20/2015; There has been treatment or conservative therapy.; to evaluate for srynex; 6 weeks of physical therapy and medication ; This study is being ordered for Congenital Anomaly.; Scoliosis; There has been treatment or conservative therapy.; Back Pain, and lower extremity numbness.; Pt has under gone Physical Therapy for a minimum of 6 weeks and has been taking antianflammatories for 10 months.

; This study is being ordered for Congenital Anomaly.; Scoliosis; There has been treatment or conservative therapy.; Scoliosis; Physical Therapy and NSAIDs.

1. Cervical degenerative disc disease, C6-7 with radiating right arm pain, numbness, tingling 2. Degenerative disc disease, L5-S1 with occasional radiating right leg pain  She did not have any improvement with physical therapy. She attended approxima; 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.; She had approximately 6 weeks of physical therapy which did not help her much. She continues to have pain that radiates into the right shoulder, tricep, forearm, to the hand involving the fifth and fourth digit.

AP and lateral x-ray of the thoracic spine ordered, obtained, and interpreted today reveals slight thoracolumbar curvature. Diffuse degenerative changes. AP and lateral x-ray of the cervical spine ordered, obtained, and interpreted today reveals straight; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This is a 64-year-old female who presents with mid back and neck pain.; Pain is chronic, since approximately 2012. Pain is burning in nature. She has pain in the mid thoracic region as well as her cervical spine. Neck pain radiates across the shoulder; There has been treatment or conservative therapy.; Pain is burning in nature. She has pain in the mid thoracic region as well as her cervical spine. Neck pain radiates across the shoulders into the upper arm region to the elbow. She has intermittent numbness and tingling in her fingers. Pain progresses; She had chiropractic treatment, for about a year which didn't help much. She tried TENS and traction without much relief. She is using an inversion table which helps some.; She can't taken NSAIDS per cardiologist, she is

He is also having neck pain that radiates into the posterior shoulder and proximal upper arm bilaterally. He does not have significant radicular pain beyond the upper arm region. He continues to have symptoms of numbness, tingling, pain in his bilateral; 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.

Headaches from 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.; 08/17/2015; There has been treatment or conservative therapy.; Numbness and tingling, cervical radiculopathy, weakness.; PT, Anti Inflammatories

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.; No, the patient did not have six weeks of Chiropractic care related to this episode.;

Ongoing pain. Studies are to rule out rotator cuff tear in shoulder and disc herniation in cervical spine.; This study is being ordered for trauma or injury.; 06/30/2015; There has been treatment or conservative therapy.; Left shoulder and left-sided neck and left periscapular pain.; Pain medication

Pathologic reflexes which are hyper 3+ at patella bilaterally. MRI scans requested to rule out Chiari malformation in cervical spine, syrinx in thoracic spine and tethered cord in lumbar spine.; This study is being ordered for a neurological disorder.; Approx 1-2 years ago; It is not known if there has been any treatment or conservative therapy.;

Low back pain

pt had recent lumbar spine spine and it was abnormal; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; weakness in lower and upper extremities; pt has had physical therapy oral steroids

R/O disc herniation and fracture; This study is being ordered for a neurological disorder.; 2/14/15; There has been treatment or conservative therapy.; severe right arm pain with numbness and tingling. right hand weakness.; PT for 3 months. medications.

r/o intrathecal abnormalities, further evaluation of the lower extremity symptoms; This study is being ordered for a neurological disorder.; Since age 7; There has been treatment or conservative therapy.; Scoliosis, mid thoracic dull ache, sharp pain, lower limbs going numb and tingling.; PT, bracing, anti-inflammatories, muscle relaxers

tenderness in shoulder, axilla, greater tuberosity, joint region, lateral cuff insertion, Hawkins positive. decreased sensation forearm, fingers.; This study is being ordered for trauma or injury.; 8/6/2015; It is not known if there has been any treatment or conservative therapy.; constant aching pain, sharp pain when reaching. catching, locking in shoulder. tenderness in C spine,

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; 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.

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; 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; Neurological deficits; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; 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; ; 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; neck pain with numbness and tingling in both shoulders and down 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.; 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; 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; Patient is having worsening pain in her neck. She cannot sleep for it hurting. She appears uncomfortable in the office. She has go lay a certain way to get it calmed down enough to work.; 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; 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; The reason for ordering this test is Trauma or recent injury; The patient does not have any of the above listed items

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; This procedure is being requested for Chronic / longstanding neck pain; Within the past four (4) months the patient had six (6) weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise

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 is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Cervical pain that radiates into the shoulders with tingling and numbness (B) upper extremities. Decreased ROM in cervical spine and increased pain upper extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Worsening; 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.; Grips on hands 3 out of 5.; The patient 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 No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >
< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/30/2015; There has been treatment or conservative therapy.; Low back pain with pain down the leg; surgery, Nsaid treatment and home excersice program

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/20/2015; There has been treatment or conservative therapy.; to evaluate for srynex; 6 weeks of physical therapy and medication
; 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 Congenital Anomaly.; Scoliosis; There has been treatment or conservative therapy.; Back Pain, and lower extrimity numbness.; Pt has under gone Physical Therapy for a minimum of 6 weeks and has been taking antianflammatories for 10 months.

; This study is being ordered for Congenital Anomaly.; Scoliosis; There has been treatment or conservative therapy.; Scoliosis; Physical Therapy and NSAIDs.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/28/2015; There has been treatment or conservative therapy.; ; patient has had NSAID therapy, Home exercise Program per dr seale, Hydrocodone PRN pain, also Prednisone,

AP and lateral x-ray of the thoracic spine ordered, obtained, and interpreted today reveals slight thoracolumbar curvature. Diffuse degenerative changes. AP and lateral x-ray of the cervical spine ordered, obtained, and interpreted today reveals straight; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This is a 64-year-old female who presents with mid back and neck pain.  Pain is chronic, since approximately 2012. Pain is burning in nature. She has pain in the mid thoracic region as well as her cervical spine. Neck pain radiates across the shoulder; There has been treatment or conservative therapy.; Pain is burning in nature. She has pain in the mid thoracic region as well as her cervical spine. Neck pain radiates across the shoulders into the upper arm region to the elbow. She has intermittent numbness and tingling in her fingers. Pain progresses; She had chiropractic treatment, for about a year which didn't help much. She tried TENS and traction without much relief. She is using an inversion table which helps some.  She can't taken NSAIDS per cardiologist, she is 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.

Pathologic reflexes which are hyper 3+ at patella bilaterally. MRI scans requested to rule out Chiari malformation in cervical spine, syrinx in thoracic spine and tethered cord in lumbar spine.; This study is being ordered for a neurological disorder.; Approx 1-2 years ago; It is not known if there has been any treatment or conservative therapy.; Low back pain

pt had recent lumbar spine spine and it was abnormal; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; weakness in lower and upper extremities; pt has had physical therapy oral steroids

r/o intrathecal abnormalities, further evaluation of the lower extremity symptoms; This study is being ordered for a neurological disorder.; Since age 7; There has been treatment or conservative therapy.; Scoliosis, mid thoracic dull ache, sharp pain, lower limbs going numb and tingling.; PT, bracing, anti-inflammatories, muscle relaxers

The comprehensive history taken on 08/05/2015 was reviewed and is unchanged. 59-year-old female with a chronic history of low back pain. The pain is severe. The pain does bother her at night. She has minimal to no radiation. The pain is aching and ; This study is being ordered for Congenital Anomaly.; 02/15/2015; There has been treatment or conservative therapy.; 59-year-old female with a chronic history of low back pain. The pain is severe. The pain does bother her at night. She has minimal to no radiation. The pain is aching and burning. The pain is getting worse. The pain worsens with bending, lifting and; She has had thorough physical therapy and chiropractic care with minimal improvement. She has been through multiple medications including muscle relaxers and anti-inflammatories.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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 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.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Motorcycle accident flipped & landed on shoulder.; 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.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.

This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

to evaluate the severity of the patients scoliosis; This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; Patient is having severe pain and decreased pulmonary functions. Patient is also having leg pain.; 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.; 11.17.2014; There has been treatment or conservative therapy.; n/a; physical therapy, injections and medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; About 3 years ago.; There has been treatment or conservative therapy.; The Pt has lower back pain that radiates down the buttocks to the rectal area with discomfort. It is worse with walking, and standing. The reflex in the LEs are diminished.; The Pt has had PT, steroid injections, and medications.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago; There has been treatment or conservative therapy.; pt has tenderness in her low back, right upper extremity in her low back; pt has had surgery and physical therapy  pt has also had a injection ; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; on x-ray there appears to be a hematoma at L 4-5. she is having (R) leg pain 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 Congenital Anomaly.; Scoliosis; There has been treatment or conservative therapy.; Back Pain, and lower extrimity numbness.; Pt has under gone Physical Therapy for a minimum of 6 weeks and has been taking antianflammatories for 10 months.

; This study is being ordered for Congenital Anomaly.; Scoliosis; There has been treatment or conservative therapy.; Scoliosis; Physical Therapy and NSAIDs.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/28/2015; There has been treatment or conservative therapy.; ; patient has had NSAID therapy, Home exercise Program per dr seale, Hydrocodone PRN pain, also Prednisone,

Enter answer here - or Type In Arkansas Specialty Orthopaedics, 600 South McKinley, Little Rock, AR 72205

PATIENT: Myra Pope; MED REC NUM: 00000031527; DATE OF: This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; back pain; home exercises, celebrex

Headaches from 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.; 08/17/2015; There has been treatment or conservative therapy.; Numbness and tingling, cervical radiculopathy, weakness.; PT, Anti Inflammatories

Her gait is somewhat antalgic. She has decreased sensation upper thigh. No focal motor or neurologic changes otherwise noted right iliotibial band is markedly tender and a positive Ober sign. There is tenderness in the right groin as well. Knee motion 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.; 01-05-2015; There has been treatment or conservative therapy.; Low back pain with radiculopathy and right hip pain with limited range of motion and inability to bear weight, sit and lay. Also pt. is unable to raise her leg.; NSAIDS, Steroid Injections, Ultrasound guided steroid injections, narcotics and 6 weeks of outpatient physical therapy.

Increased lordosis; 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 trx since 06/15/2015 pain worsening

KREGGER, Colleen  25 June, 2015   Mrs. Kregger is in today. initially complaining of back pain, but actually it is right hip pain. that radiates around the groin  and down the front of her leg. She is on her Ibuprofen pretty regularly, She doesn't wan; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Swelling in legs; weakness/numbness in limbs; Bones joints extremities reveals lower back with pain and tenderness to palpation of the right paraspinous muscles. The right lower extremity has a positive straight leg raise. She has decreased sensation to li; 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.

Lumbar radiculopathy and left shoulder impingement; This study is 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.; Difficulty with range of motion of the left shoulder with a sense of weakness to the left arm. Ongoing low back pain and radiating left leg pain, tingling and numbness.; Physical therapy

Mr. Stivers returns today. He has been undergoing physical therapy has made very little progress. Has had at least 7-10 visits and is complaining of back pain and radiculopathy into his lower extremity worse on the left side in the thigh. Upon further ques; The study 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.

new foot drop; 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.

None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Pain started in March in lower back and left leg. Has progressively gotten worse.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Pathologic reflexes which are hyper 3+ at patella bilaterally. MRI scans requested to rule out Chiari malformation in cervical spine, syrinx in thoracic spine and tethered cord in lumbar spine.; This study is being ordered for a neurological disorder.; Approx 1-2 years ago; It is not known if there has been any treatment or conservative therapy.; Low back pain

patient came in with complaints of right hip, leg and back pain. She is taking Mobic 15mg daily and has had no improvement with daily modifications.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Patient fell about a month ago and C/O knee, leg and hip pain. Right leg pain based on nerve compression in the back. He is capable of walking without a cane, but has trendelenburg gait, has significant neurological in his foot.; 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 acute back pain for three weeks. She has pain in her entire right leg and foot. She has numbness in the leg as well.; 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.

pt is having severe back pain with numbness in the right lower extremity.; 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.

R/O disc herniation and radiculopathy; This study is being ordered for a neurological disorder.; 7/23/15; There has been treatment or conservative therapy.; low back pain, numbness and tingling down both legs, right leg weakness. hip pain; PT for 6 weeks, medications. injections

r/o intrathecal abnormalities, further evaluation of the lower extremity symptoms; This study is being ordered for a neurological disorder.; Since age 7; There has been treatment or conservative therapy.; Scoliosis, mid thoracic dull ache, sharp pain, lower limbs going numb and tingling.; PT, bracing, anti-inflammatories, muscle relaxers

Right Lumbar Spine Examination Brief Exam; Skin: There are no abrasions, contusions, or erythema. ; Gait: Gait and station are normal. The patient ambulates unassisted. He is wearing a brace on the ankle due to instability. ; Inspection: Local inspection s; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

The comprehensive history taken on 08/05/2015 was reviewed and is unchanged. 59-year-old female with a chronic history of low back pain. The pain is severe. The pain does bother her at night. She has minimal to no radiation. The pain is aching and ; This study is being ordered for Congenital Anomaly.; 02/15/2015; There has been treatment or conservative therapy.; 59-year-old female with a chronic history of low back pain. The pain is severe. The pain does bother her at night. She has minimal to no radiation. The pain is aching and burning. The pain is getting worse. The pain worsens with bending, lifting and ; She has had thorough physical therapy and chiropractic care with minimal improvement. She has been through multiple medications including muscle relaxers and anti-inflammatories. the pt has lateral recess stenosis, right L4-5 and right L5 radiculopathy including foot drop; This study is being ordered for Inflammatory/ Infectious Disease.; 8/12/15; There has been treatment or conservative therapy.; pain in the lower back, hip and radiating pain down the legs; 08/01/2015

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 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.; 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.; 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.; 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 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)

This 61 year old male presents for Spinal Stenosis. History of Present Illness: 1. Spinal Stenosis Location of pain is in the bilateral lumbar area, bilateral gluteal area and left leg. Location of weakness/numbness is in the bilateral lumbar area; 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 is a 38-year-old female who presents with neck, thoracolumbar/ low back pain. She was referred by Gretchen Keyse APN. Back is more bothersome, we are focusing on her back. Pain is chronic, since 2010 and getting worse. She reports that she was; 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.

This is a pleasant 51-year-old African American female who presents with low back pain status post physical therapy. She has had back pain that has waxed and waned. On 5/1/15, she developed severe back pain with right leg pain and weakness. She has bee; The study 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.

to evaluate the reason for the pain to see if it is caused by the pts scoliosis; This study is being ordered for trauma or injury.; 2012; It is not known if there has been any treatment or conservative therapy.; pain that is constant and sharp

to evaluate the severity of the patients scoliosis; This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; Patient is having severe pain and decreased pulmonary functions. Patient is also having leg pain.; unknown

To rule out abnormalities in the cervical and lumbar spine regions.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Patient states she has numbness bilaterally in both hands and the hands feel like 'dead weight', pain from right hip that radiates down to right toes, lower lumbar pain that radiates bilaterally down legs. Complains of tenderness in lower lumbar with palp; Previously treated with physical therapy and stated it didn't help.

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.; 1995; There has been treatment or conservative therapy.; Pain in left side of low back and down leg. Now in right leg and down to ankle. Describes it as someone stabbing him. Rates pain a 9 out of 10, worsens with sneezing, standing, walking, coughing, and twisting, keeps him from sleeping.; PT, injections, surgery, medication OTC and prescribed,

unknwon; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11.17.2014; There has been treatment or conservative therapy.; n/a; physical therapy, injections and medications

; 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.

abnormal MRI showed mass; 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.

pelvic fx can't see extent in back; 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.

POST OPERATIVE FOLLOW UP IN MEMBER WHO HAD OPEN REDUCTION AND CAPSULORRHAPHY OF LEFT DISLOCATED HIP, LEFT INNOMINATE OSTEOTOMY, PERCUTANEOUS ADDUCTOR RELEASE. PER THE X-RAY DONE TODAY THERE IS QUESTION ON IF THE HIP HAS REMAINED IN THE SOCKET. CT NEEDED ; 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 for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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.

29-year-old female with left rami stress fracture. Need MRI of her pelvis to further work this up.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Enthesopathy of the hip region, bilateral hip pain, unresolved several years; 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.

pain on bicep exam both hips have signs of impingement; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2014; There has been treatment or conservative therapy.; pain when he is sitting and driving and the shoulder pain at night and when he tries to move it; physical and it did not help the pt

PELVIS X-RAY DONE SHOWS SEVERE DYSPLASTIC CHANGES IN THE HIP...; 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 tumor, mass, neoplasm, or metastatic disease?

xrays show degenerative changes/ bilateral trochanteric bursitis/ bilateral degenerative joint disease/ failed bilat hip injections/ failed conservative therapy; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

; This study is being ordered for trauma or injury.; 07/29/2015; There has been treatment or conservative therapy.; tender over radial head and tender to touch over dorsal wrist; Placed in a splint and arm sling

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Palpable fluctuant areas noted on exam.; This study is being ordered for trauma or injury.; 08/29/15; It is not known if there has been any treatment or conservative therapy.; Swelling of right forearm and right upper arm. Fluctuation noted upon exam . 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 suspicion of upper extremity neoplasm or tumor or metastasis.

< Enter answer here - or Type In Unknown If No Info Given. >; The pain is from an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; ; 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.

; 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.; home treatment. Patient has not improved with conservative care.; The patient received oral analgesics.

; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.

; 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.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Give PATIENT HAS PERSISTENT PAIN WITH MOVEMENT, UNABLE TO LIFT, WORK OVERHEAD OR AWAY FROM BODY. NIGHT PAIN WAKES HIM FROM SLEEP.;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/17/2015 patient states that he had been doing a lot of heavy lifting and felt a little pop. Pain cont. to worsen. X-rays on 04/29/2015 of shoulder were neg. Patient is having difficulty with lifting and holding things. Patient is unable to take NSAIDS ; There has been treatment or conservative therapy.; Right shoulder: pain with lifting and holding.   Left knee: increased swelling, popping and locking.; patient instructed to rest and limit use of the right shoulder and left knee.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2015; There has been treatment or conservative therapy.; Lateral shoulder pain down to elbow, night pain and pain with overhead activity.; Physical therapy, anti-inflammatory medications, activity modification and rest.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;

7.30.15 pt was struck in the shoulder by a bull. r/o traumatic cuff tear; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Chronic bursitis of the right shoulder. I suspect this patient may have had at least a partial if not full-thickness rotator cuff tear. X-rays 4 views of the right shoulder show rather impressive acromioclavicular arthritis with a large subacromial spur; 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.

He has failed physical therapy. We will order an MRI scan of both the right and 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.; 6-25-15; There has been treatment or conservative therapy.; ; Physical Therapy only completed 2 weeks because he could not complete due to the pain.

Injury due to fall; 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.

Internal Derangement of Right knee with possible medial meniscal tear. ;
; Right shoulder pain with questionable impingement.; This study is being ordered for trauma or injury.; 4/13/15; There has been treatment or conservative therapy.; right knee pain - twisted knee; ; right shoulder pain ;
; Internal Derangement of Right knee with possible medial meniscal tear.;
; Right shoulder pain with questionable impingement.; Therapy, pain medication

Julie Raney is a 29 y.o. female who presents for evaluation of left wrist pain. Onset was sudden, related to a fall from standing. Mechanism of injury: fall. Focused exam of left upper extremity demonstrates that she is neurovascularly intact distally. Lo; 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.

Lumbar radiculopathy and left shoulder impingement; This study is 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.; Difficulty with range of motion of the left shoulder with a sense of weakness to the left arm. Ongoing low back pain and radiating left leg pain, tingling and numbness.; Physical therapy

motor cycle wreck 7-16-15. he hurt his right elbow , still decreased ROM and pain . elbow remains swollen .; 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. none; 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.

On examination, he does have bilateral impingement with possible rotator cuff pathology. He has received steroid injections in the past which have not given him any significant relief. Therefore, he would like to proceed with bilateral MRIs. That was; This study is being ordered for trauma or injury.; 4 years ago; There has been treatment or conservative therapy.; pain severe; On evaluation of his bilateral upper extremities, he does not have any gross deformities, atrophies, or scars to his shoulders. His range of motion is symmetric with 180 degrees of forward elevation, 110 degrees of abduction, 50 degrees of; physical therapy; steroid injection

Ongoing pain. Studies are to rule out rotator cuff tear in shoulder and disc herniation in cervical spine.; This study is being ordered for trauma or injury.; 06/30/2015; There has been treatment or conservative therapy.; Left shoulder and left-sided neck and left periscapular pain.; Pain medication

pain on bicep exam both hips have signs of impingement; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2014; There has been treatment or conservative therapy.; pain when he is sitting and driving and the shoulder pain at night and when he tries to move it; physical and it did not help the pt pain; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

Patient has had x-rays and x-rays came back 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.; Initial onset was in July 2015; There has been treatment or conservative therapy.; Pain when lifting arms, Patient can't reach behind her back, Patient says pain level on scale of 1-10 about an 8, Patient can't sleep on left side due to pain.; Prescribed and taken Flexeril and Ibuprofen.

Pt has dealt with this pain for years, ready to get some answers. Pt seen in our clinic first time on 9/8/15. Pt is scheduled for shoulder surgery therefore request is for pre-op planning. Pt unable to perform normal daily routine activities, unable to raise; 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.

R/O TEAR; This study is being ordered for trauma or injury.; 06/2/2015; There has been treatment or conservative therapy.; LOW BACK PAIN RADIATING DOWN LEFT LEG. RIGHT SHOULDER PAIN; AT HOME THERAPY, ANTI-INFLAMMATORY

Recurrent instability and dislocations.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Right shoulder cuff tear arthropathy in a patient with a history of a cuff tear repaired elsewhere, but re-injury about a year ago. I would like to look at the quality of rotator cuff and assess for possible atrophy with an MRI. one year ago she had another; 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.

Severe pain with impingement and with internal and external rotation.; This study is being ordered for trauma or injury.; A couple of weeks ago; It is not known if there has been any treatment or conservative therapy.; Severe bilateral shoulder pain.

She cannot wear bra strap on right side/sleeping on right side worsens and wakes me up. Patient utilizes Biofreeze for treatment. Patient has utilized Norco and muscle relaxes along with Naproxen for mild relief. Patient has seen dr. Rosenzweig and had ce; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/24/12; There has been treatment or conservative therapy.; The pain is described as aching and chronic and associated with arm pain, difficulty sleeping, worse with forward elevation, and worse with overhead activity.; Patient reports intermittent functional limitations.; Patient has utilized Norco and muscle relaxes along with Naproxen for mild relief.; Patient has also performed physician prescribed home exercise program.

tenderness in shoulder, axilla, greater tuberosity, joint region, lateral cuff insertion, Hawkins positive. decreased sensation forearm, fingers.; This study is being ordered for trauma or injury.; 8/6/2015; It is not known if there has been any treatment or conservative therapy.; constant aching pain, sharp pain when reaching. catching, locking in shoulder. tenderness in C spine,

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 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 known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.

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 is seen today for follow-up of his left shoulder. He reports the day of his last visit he had a flat tire, tried to change his tire and fell directly on to his shoulder. Since then, he has had a grinding and crepitation in his shoulder and pain; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

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. >

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."; evaluate for rotator cuff tear.; shoulder weakness.; osteophytes

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 Examination Brief Exam.; Skin: There are no abrasions, contusions, or erythema. Well healed portal sites. Scar from previous open rotator cuff repair.; Gait:.; Inspection: She is carrying the shoulder and arm in a protective manner against the

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's noted retracted tears. Bankhart noted on plain films evidence of recent dislocation. Need repair at some point if possible given age. Will continue wear of the immobilizer for now. We will re-MRI to assess for glenoid fracture, labral tear, and poss

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 8-23-15 landed on her shoulder. Has decreased ROM , severe 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."; Patient has left shoulder impingement. Degenerative joint disease of shoulder with 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."; positive intangment test, pai w rotator cuff testing

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; possible rotator cuff tear

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Possible rotator cuff tear.

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."; RCT

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."; Ricky Osborne is here for complaints of left 7/10 shoulder pain that has worsened over the past few weeks. Pain is constant and sharp in nature. Pain does seem to radiate down to the middle of the arm. Pain is aggravated by attempted movement overhead and

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: Moderate subacromial crepitus. Moderate subacromial tenderness.

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: Moderate tenderness over the midshaft clavicle and supraclavicular

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, acute injury from a fall two weeks ago, on tramadol

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."; She has had a fall within a week and has had increased pain since this fall.

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."; tenderness over the ac joint, crepitus at the ac joint, tingling test mild decrease grip strength

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."; thoracic outlet 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."; 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.; . Patient is having ongoing pain for approximately 6 months. He fell back in July onto the shoulder and it seemed to get worse. He has not had any injections. He is not taking anti-inflammatories. He reports weakness and pain when lifting out to the

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.; Fall on 08/08/15 resulting in right shoulder dislocation.

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.; Left shoulder pain & decreased ROM. Physician suspects 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.; left shoulder pain after he felt and heard a pop while shooting his bow.

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.; Left shoulder pain aggravated with lifting and reaching, with night 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.; MRI Right shoulder. Right shoulder pain secondary to AC arthrosis; probable rotator cuff tear; rupture of long head of the bicep. Pt states he has a long history of right shoulder pain. Pt has a bulge at the base of his bicep. Atrophy, tenderness, externa

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.; Pain and severely limited ROM for 2 months.

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 a new injury, has persistently positive impingement sign left shoulder and a new MRI is being ordered to check for a possible 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.; Positive Jone's & positive Hawkins. Positive impingement sign. Unable to tolerate NSAIDs.

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.; S/P Injury 5/16/15 shoulder dislocation seen in ER

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.; < Enter answer here - or Type In Unknown If No Info Given. >

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 8-5-15 while moving furniture , felt a pop, was seen in ER .

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Mr Chard injured his R shoulder 2 weeks ago while using a zipline breaking system. The break caught, causing his arm to be jerked backwards. Mr. Chard felt immediate pain. He demonstrates positive testing for RCT. He has used Ibuprofen,home exercise and 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.; Patient has had medication and injections

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 injured her shoulder while giving her dog a bath, this was only on 7.16.15. hyperextension and dislocation. + neer and + hawkins, r/o 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.; R/O ROTATOR CUFF TEAR PAIN DURING PHYSICAL ACTIVITIES PAIN WHEN SLEEPING

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 even after steroid injection and medication.

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 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 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.).";

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 take ibuprofen. No trauma leading up to this. He has pain with raising his arm and sleeping on the right side. Positive impingement signs. Jobs testing is strong but slightly painful. Cross body abduction is painful. Subscap exam slightly abn

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 had an a.c. joint reconstruction and getting a lot of heterotopic bone. He has had previous surgery to remove some of this. He said over the last few years again having more pain especially with overhead activities and reaching across his body. A.C.

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.)."; LEFT shoulder pain for 6 weeks. This began after her son jumped on her back while her arms behind her back. Pain is described as throbbing, burning pain is constant and 7 out of 10 in severity. Pain is worse with overhead activity and better with pain

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.)."; Most of pain is on the front of the right shoulder. Rotation of the shoulder makes it worse and not using it makes it better. He does have some pain at night. He does take anti-inflammatories. He also reports paresthesias consistent with carpal tunnel

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.)."; Pain is described as sharp, aching, stabbing pains constantly and 6/10 severity. Pain is worse with repeated overhead activity and better with rest. He also complains of pain at night. He states the pain starts in the shoulder and goes up into his neck

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.)."; Patient got dizzy and fell on her left shoulder. The pain is described as sharp, intermittent pain that is 2 out of 10 in severity. The pain is worse with any attempts at lifting her arm and better with immobilization. She points to her deltoid insert

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.)."; Patient has a frozen shoulder, has had PT and steroid injections. MDO to R/O Rotator cuff tear before injection and manipulation.

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.)."; Patient reports 2-3 weeks relief from the injection I gave him back in March. No new injuries or problems. He reports a lot of posterior shoulder pain. His positive impingement signs. Jobs testing is slightly painful but almost 5 out of 5 on strength.

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 lifting pulling and stretching and better with rest. He points anteriorly as the area that is most painful. Regional numbness and tingling is noted. He also has pain at night. He states he has not had any history of dislocation.

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 pain is significant and has been ongoing for several weeks. The onset was sudden and has become steadily worse. The pain is aggravated by reaching, overhead activities, and lifting above shoulder height. There was an accident involved. The accident

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.;

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.; : Kathleen Guin is a 62 years old Female from Elizabeth, AR. Patient fell in February and then again more recently. She is having worsening pain and inability to raise the arm. She is right-hand dominant. She has not had any injections or MRIs. She

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.; Dislocation right shoulder recent origin with significant pain. There is a history of chronic subluxation. Particular I want to see what her anterior glenoid looks like.

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.; Pt is a 27 years old right hand dominant Female with RIGHT shoulder pain for 3 days. This began after she was lifting her son over her head and felt a pop in her shoulder. This was on August 29. Sharp, stabbing pain is intermittent and moderate in severity

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; RIGHT shoulder impingement/bursitis/tendonitis and questionable rotator cuff tear.; 4 views of the right shoulder show mild a.c. joint arthritis and a type I acromion.; The pain is worse with overhead activity and moving it and better with rest. She comp

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.; To recent contusion right shoulder with evidence of grade 1 before meals strain. Furthermore at this time the patient exhibits findings of biceps tendinosis and a possible rotator cuff tear.; . Patient notes that she is continuing to have anterior right

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.; < Enter answer here - or Type In Unknown If No Info Given. >

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Biceps deformity on exam will need surgery.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Continued pain after conservative treatment.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Continued pain after PT, medication and steroid injection.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Continued right shoulder pain after conservative treatment and known SST tear.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Continued right shoulder pain after conservative treatment.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Continued right shoulder pain after PT, injections and NSAIDs.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Hawkins test is positive, Neer's test is positive, O'Briens positive, ROM is limited. Both passive and active. Tenderness of supraspinatus, tenderness of the glenohumeral joint region and lateral cuff insertion. Tender of the greater tuberosity. Abduction is

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Hawkins test is positive. Neer's test positive. Abduction is 4/5. Swelling and AC of prominence is exaggerated. Tenderness of acromioclavicular joint. Limited ROM. Tenderness at the lateral cuff insertion. Glenohumeral joint region tenderness.

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 impingement/bursitis/tendonitis and questionable 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.; Left shoulder pain after injury with weakness to abduction and external rotation. Status post ASD and mini open DCR in 2004.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Painful, limited ROM, 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 FELL 3 YEARS AGO IN AN ACCIDENT ON THE GOLF COURSE AND HAS HAD PAIN SINCE THEN. SHE HAS PAIN RAISING AND REACHING BACK BEHIND. HAS HAD IBUPROFEN, HAS PAIN WITH SWINGING A GOLF CLUB, SO SHE HAS LIMITED ROM. TAKING MOBIC AND ASPRIN.

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 PAIN WITH HAWKINS AND NEER AND QUITE A BIT OF CREPITUS WITH HAWKINS. HER ROTATOR CUFF STRENGTH IS GOOD, BUT CAUSES PAIN WITH RESISTED SUPRASPINATUS TESTING. SHE IS TENDER OVER THE BICEP GROOVE. XR S HOWS A TYPE III ACROMION AND MILD DEGENERATI

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 possible labral injury after throwing a softball hard resulting in immediate pain for the last 8 weeks.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PATIENT NEEDS TO HAVE MRI TO SEE IF PATIENT HAS A TORN LEFT SHOULDER LABRAL TEAR. PATIENT HAS HAD RECURRENT LEFT SHOULDER DISLOCATIONS. PATIENT IS UNABLE TO LIFT ARM ABOVE HEAD. PATIENT HAS TRIED ADVIL FOR PATIENT. THIS HAS BEEN GOING ON FOR 2 MONTHS.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Possible Labrum tear after injury

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; RCT

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Sharp stabbing pain and problems with the shoulder think he may have some loose bodies in the shoulder versus chronic damage his rotator cuff.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; This pain is significant and has been ongoing for several weeks. The onset was sudden and has become steadily worse. The pain is aggravated by reaching, overhead activities, and lifting above shoulder height. There was an accident involved. The accident

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; torn cuff from impact injury. injury was on 6.26.15 so greater than the 72 hrs asked. ordering physician is an orthopaedist

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Type III acromion with positive impingement signs, rule out 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.; We talked at length about treatment for her a.c. separation. We have decided to go with the hook plate. I want an MRI to evaluate her rotator cuff and labrum prior to the surgery.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Worsening pain and problems of the left shoulder this failed to improve after repeated injections and physical therapy.

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.)."; patient has acute trauma

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is not being ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; For views left shoulder show some mild a.c. joint arthritis and a type III acromion.; LEFT shoulder impingement/bursitis/tendonitis and questionable 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 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 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?

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 known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; The request is for shoulder pain.

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.; 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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; Mobic

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; There is a suspicion of fracture not adequately determined by x-ray.

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.

The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The ordering physician is an orthopedist or infectious disease specialist.; The patient has had recent plain films of the shoulder.; The plain films were normal.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.

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 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 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 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 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 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 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 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 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 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 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 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.

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

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

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

xrays non-diagnostic. Pt not improving with time, rest, NSAIDS.; This study is being ordered for trauma or injury.; DOI on or about 7/20/15; There has been treatment or conservative therapy.; reduced ROM, tenderness, weakness, effusion, pain; NSAIDS, rest, activity modification

xrays where normal had an mri left and right shoulder shows arthritis and tendonitis; This study is 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.; pain, but with all therapy needs a to r/o bilateral cuff tears; Physical therapy, non steroidal, anti inflammatory narcotics, injections

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/28/2015; There has been treatment or conservative therapy.; Back and hip pain as well as leg and knee pain; Medications were given as well as PT and anti inflammatory medications.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states 10 years; There has been treatment or conservative therapy.; ; Cortisone injection, visco supplementation, previous surgery, wheelchair. Patient cannot take anti-inflammatories due to kidney disease and only 1 kidney

; This study is being ordered for trauma or injury.; 7/18/2015; There has been treatment or conservative therapy.; Severe, Aching and Burning, Radiating pain that goes up the leg.; Pt has been Treated with OTC Nsaid's, and was placed in a talk walking boot on the right foot for and avulsion fracture.

PRE OPERATIVE 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.; 2/11/2014; There has been treatment or conservative therapy.; PAIN; ANTI INFLAMMATORY MOBIC, MEDROL DOSE PACK, SINVIS, CELEBREX, PHYSICAL THERAPY

Right foot and ankle swells; This study is being ordered for trauma or injury.; 07/10/2015; There has been treatment or conservative therapy.; Pain and swelling; Brace, medication

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.; 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 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 foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has 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 a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is 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 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.; "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.; 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 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.; 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 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 not 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 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 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 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 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 had an abnormal plain film study of the ankle other than arthritis.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.

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.

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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknow; There has been treatment or conservative therapy.; pain in his feet  has difficulty relaxing his foot  trouble putting weight on the right foot; patient has had physical therapy

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain; injections, rest, medications

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/25/15; There has been treatment or conservative therapy.; knee and ankle pain; unknown

; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.

; 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.

; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.

; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.

; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injuryis not suspected.

; This study is being ordered for a metastatic disease.; There are 2 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 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.; 03/17/2015 patient states that he had been doing a lot of heavy lifting and felt a little pop. Pain cont. to worsen. X-rays on 04/29/2015 of shoulder were neg. Patient is having difficulty with lifting and holding things. Patient is unable to take NSAIDS ; There has been treatment or conservative therapy.; Right shoulder: pain with lifting and holding. ; Left knee: increased swelling, popping and locking.; patient instructed to rest and limit use of the right shoulder and left knee.

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Antalgic limp on the right. Inspection of the right knee reveals 1+ effusion. Palpation reveals tenderness at the posteromedial joint line. Steinmann maneuver, Apley's compression test, and twist sign are all positive 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.

Bone mets seen on previous 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 not a hematologist/ oncologist.

Enter answer here - or Type In Unknown If No Inf; ; EXTENSIVE INFORMATION ALREADY ENTERED IN THIS REQUEST FOR AUTHORIZATION.; 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.

evaluate for 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.; Marisa Starr is here for concerns over severe pain in and around the bilateral knee pain. The patient states that there is pain anytime they bear weight on leg. It is worse when they go up and down stairs or get up from a sitting position. They have diffi; There has been treatment or conservative therapy.; bil knee pain, popping, locking and swelling; home therapy and exercises

having problems bending 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.

History of right knee ACL reconstruction and on 11/13/14 had right knee arthroscopy, subtotal medial meniscectomy and drainage of medial meniscal cyst.; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.

Internal Derangement of Right knee with possible medial meniscal tear.   Right shoulder pain with questionable impingement.; This study is being ordered for trauma or injury.; 4/13/15; There has been treatment or conservative therapy.; right knee pain - twisted knee  right shoulder pain   Internal Derangement of Right knee with possible medial meniscal tear.  Right shoulder pain with questionable impingement.; Therapy, pain medication

joint tenderness on physical exam, has positive McMurray's bilat / xrays showed mild to moderate osteoarthritis in both knees has possible meniscal pathology In both knees; This study is 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.; bilat knee pain/ having mechanical catching in the knee; had steroid injections/ anti inflammatory meds (off and on)

knee pain with instability from old injury, pt been in brace and taking NSAIDs for several months. has clinical bucket handle meniscal tear w ACL instability. MRI needed to eval both these and plan for surgery; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has 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.

last MRI results:09/09/2014; Sarcoma of soft tissue; This is a patient with high grade pleomorphic sarcoma of the left thigh s/p resection and adjuvant radiation therapy followed by development of a left lung lower lobe nodule, s/p resection and with add; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Left Knee Examination Brief Exam; Skin: There are no abrasions, contusions, or erythema. ; Gait: Gait is antalgic favoring the affected side. ; Inspection: Inspection of the knee reveals no swelling, ecchymosis or deformity. ; Palpation: There is marked me; 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.

No improvement in pain despite altered activity, and taking anti-inflammatories. Continues to have swelling and pain, which is worse after being at work all day.; 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.

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/2011; There has been treatment or conservative therapy.; knee pain, locking, weakness,; taking nsaid's for 10 weeks PAIN WITH MCMURRAY TESTING, MEDIAL JOINT LINE 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.

Physical examination of the bilateral knee reveals pain over Medial joint line of knee There is mild effusion, but no erythema or ecchymosis. ROM is from 0-120. Muscle strength is 5/5 on flexion and extension of the knees. Ligament exam is stable.   AP a; This study is being ordered for trauma or injury.; Scott D Selph is here for complaints of 8/10 bilateral knee pain that has been present for 5 years since he twisted his knee; There has been treatment or conservative therapy.; Pain is constant and aching in nature. There is some intermittent catching symptoms. Pain is aggravated with activity such as running, cutting or rising from chair . No stiffness or locking, but the knee does give way on occasion. Pain is alleviated only ; Pain is alleviated only with avoidance thus far. he has attended PT. he is taking tylenol or nonsteroidal anti-inflammatory medications for discomfort. he has tried cortisone injection

positive mcmurray test; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 years; There has been treatment or conservative therapy.; pain and Positive Mc Murrays's; Ice, medications, and rest.

Pt c/o right knee pain for 2 weeks. She thinks she may have hurt it doing zumba. She c/o medial and lateral joint pain. She has swelling and effusion on right knee. Pain gets worse at the end of the day after standing on feet all day. On exam she also; 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 tried PT. Pt was told that she needed surgery, but never had it done. Pt can not control the knee itself.; 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.

R/O MMT; This study is being ordered for trauma or injury.; about 3 months ago; There has been treatment or conservative therapy.; pain; catching; anti inflammatory; injections

R/o plantar fascia tear.; This study is being ordered for trauma or injury.; 09/15/2015; There has been treatment or conservative therapy.; Pain and swelling to right foot and ankle, unable to bear weight, pain on plantar fascia plate, decreased sensation in plantar surface of foot and dorsal lateral foot compared to the left side.; Short leg walking boot, oral NSAIDs, activity modification (rest, ice, and alternating with heat). All with no improvement. X-ray performed on 09/17/2015 that was negative.

Right Knee Special:  McMurray Test: positive medial and Lateral
Retinaculum: normal.   Left Knee Special:  McMurray
Test: positive medial and Lateral Retinaculum: normal.  Right
Knee Inspection:  knee effusion and medial condyle tenderness.
 ; This study is being ordered for something other than: known trauma or injury,
metastatic disease, a neurological disorder, inflammatory or infectious disease,
congenital anomaly, or vascular disease.; 07/01/2015; There has been treatment or
conservative therapy.; The right knee and left knee pain occurs intermittently. The
knee pain is grinding, aching, worsening, popping, and clicking and associated
with joint swelling.  he patient reports intermittent functional
limitations; She has been treated with NSAIDs, ibuprofen and rest, ice, and
elevation.  Patient has also completed home exercise program.

Sharp pain started 3 months ago.Stairs and Weight Barring makes it worse.; This is a
request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.;
The patient has not had recent plain films of the knee.; There are no physical findings
(palpabel mass) of a suspicious mass or known primary site of cancer.; The patient has
not had a recent bone scan.; Suspicious Mass or Suspected Tumor/ Metastasis

She states that she cannot stand up without pulling herself up with her arms. She has to sleep with her knee in slight flexion to rest without pain. She states her pain is located over the anterior aspect of her left knee, just inferior to the patella. Sh; 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.; Over the course of the past 6 weeks, the patient has not had any relief with conservative treatment with her at home exercises prescribed by the Doctor or from taking her medications. She is to the point where she cannot sleep, stand or walk without pain.; The patient received oral analgesics.

surgery will be scheduled if her MRI shows that she needs to have it done the MRI is to eval for a meniscus or ligament injury; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.

Suspected ligament injury; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Ted Weichselbaum is a 58 years old male from Mountain Home, AR. This man is seen today for evaluation of right knee pain. He also is been having some left knee pain. However this is more of a chronic problem for him. The right knee pain started approx; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.

tendinitis and possible lateral ankle instability. If No Info Given.; 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.

The left and right knee both have good range of motion with extension. However, they do have pain with flexion and cannot flex past 90 degrees. She has severe retropatellar crepitus. No instability with varus or valgus strain. Most of her tenderness is; This study is being ordered for trauma or injury.; July 2015; There has been treatment or conservative therapy.; swelling and pain with ambulation; Naproxen, steroid injections, rest and icing

the patient is also having locking up and popping pain. The patient states the knee is going out from under her when walking. Pain in knee and it is always weak and sore.; 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; It is not known if patient has completed and failed a course of conservative treatment.

The right knee has trace boggy synovitis and it is tender to palpation along the lateral joint line. This is reproduced with terminal flexion. he has had notable pain with pivot in his knee, mainly laterally and posteriorly. He has some occasional lifting; This is a request for a Knee MRI.; The study is not requested for knee pain.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.

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 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 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 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 request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.

This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; The ordering doctor an orthopedic specialist; An MRI showed an abnormality

This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; The ordering doctor an orthopedic specialist; Effusion was noted on the physical examination

This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; The ordering doctor an orthopedic specialist; Instability was noted on the physical examination; The patient is being treated with a Knee brace

This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; The ordering doctor an orthopedic specialist; Instability was noted on the physical examination; The patient is being treated with a Neoprene knee sleeve

This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; The ordering doctor an orthopedic specialist; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace)

This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; The ordering doctor an orthopedic specialist; Locking was noted on the physical examination

This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; The ordering doctor an orthopedic specialist; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination

This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; The ordering doctor an orthopedic specialist; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination

This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging

This is a request for a Knee MRI.; It is not known if patient had 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.; It is not known if the patient has had a recent bone scan.; Lori Oelschlaeger is a 50 years old Female from Salem, AR. Patient reports that she noticed the mass around July 10, 2015. It does not currently causing her any pain. She denies any trauma that preceded it. She has not injured it in the past that she; Suspicious Mass or Suspected Tumor/ Metastasis

This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Limited range of motion

This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Locking

This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability

This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability

This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Limited range of motion

This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Swelling greater than 3 days

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.; MRI: MRI was essentially normal. They did state that without IV contrast cannot definitively evaluate this area. ASSESSMENT: Left knee mass; 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 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.; Physician wants to see about an excision of the mass; Suspicious Mass or Suspected Tumor/ Metastasis

This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Suspicion of infection was noted as an indication for knee imaging

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 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.; 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.; 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 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months

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.; Non-acute Chronic Pain; 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 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.; <Additional Clinical Information> to R/O tumor; 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 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.; 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; 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 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 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.; 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.; 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.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days; 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 recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The ordering doctor an orthopedic specialist; The patient is being treated with Crutches

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 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 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.; 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 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 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 Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; 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.

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

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 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 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 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.; 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 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.; 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 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.; "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 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.

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 used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.

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.; The study is for post operative evaluation.; There are physical or plain film findings of delayed or failed healing.; The study is requested for a reason other than ankle pain.

This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

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.; It is not known if 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.

unknown; This study is being ordered for trauma or injury.; 9/8/2008; There has been treatment or conservative therapy.; bilateral knee pain. wants to rule out a meniscal tear. Injections didn't help.; Saw her in May 2015. Injections. PT. Ice therapy. Soma & Norco meds.

worried patient has a meniscal tear due to recent injury.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

X-rays: Weightbearing x-rays and lateral of the knees are made. This patient has very impressive arthritis changes noted. Furthermore x-rays of the left knee present a similar picture total loss of joint space medially, osteophytosis and loss of joint s; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Pain and crepitus, Loss of ROM; Medication, Knee Scope Surgery

Her gait is somewhat antalgic. She has decreased sensation upper thigh. No focal motor or neurologic changes otherwise noted right iliotibial band is markedly tender and a positive Ober sign. There is tenderness in the right groin as well. Knee motion 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.; 01-05-2015; There has been treatment or conservative therapy.; Low back pain with radiculopathy and right hip pain with limited range of motion and inability to bear weight, sit and lay. Also pt. is unable to raise her leg.; NSAIDS, Steroid Injections, Ultrasound guided steroid injections, narcotics and 6 weeks of outpatient physical therapy.

LOOKING FOR 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.; ON GOING FOR SEVERAL YEARS; HIP SURGERY IN 2013 AND 2014; There has been treatment or conservative therapy.; HIP PAIN UPON WEIGHT BEARING; PHYSICAL THERAPY AND ALLTERED HIS GAIT

Metal to metal reaction. Pt. has metal metal hips. S?P hip replacement.; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown.; There has been treatment or conservative therapy.; Hip pain.; Bilateral hip replacement in 2008, PT. R/O disc herniation and radiculopathy; This study is being ordered for a neurological disorder.; 7/23/15; There has been treatment or conservative therapy.; low back pain, numbness and tingling down both legs, right leg weakness. hip pain; PT for 6 weeks, medications. injections

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.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.

This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.

This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.

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 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 does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.

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 steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.

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

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 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 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.

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 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 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 receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.

Lesion 11th Rib. Sharp pain that goes down legs. Lower back pain which is constant. Physical Therapy has been done as well as Tramadol taken.; 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 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 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.

superficial palpable mass just superior to the ear on lateral side of head times 2 months due to patient being still within child bearing years physician would prefer to evaluate with MRI instead of CT; 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. >; This study is 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.; Pain with reaching above head Cervical pain Shoulder pain; Injections Nsaid's

MDO suspects mass in the right scapula thoracic area; "There is NO evidence of a lung, mediastinal or chest mass 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

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

trying to R/O disc herniation for the neck, looking at lymphadenopathy; This study is being ordered for a neurological disorder.; 01/18/2014; There has been treatment or conservative therapy.; neck pain, shoulder pain, chest pain, numbness and tingling down arms, bilateral hand weakness and headaches; 3 months of PT, trigger point injections, Mobic 15mg

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; Pain with reaching above head Cervical pain Shoulder pain; Injections Nsaid's

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

; This study is being ordered for a neurological disorder.; Chronic Pain, severe pain starting in 12/2010; There has been treatment or conservative therapy.; 58-year-old female with chronic progressive history of thoracolumbar pain that is now radiating into both legs mostly on the right and L5 distribution. The pain is severe. Her main complaint of pain is at the thoracolumbar junction on the right side aro; Physical Therapy, Steroid injections, Oral steroids, NSAID treatment, Chiropractic Care

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Chronic Pain, severe pain starting in 12/2010; There has been treatment or conservative therapy.; 58-year-old female with chronic progressive history of thoracolumbar pain that is now radiating into both legs mostly on the right and L5 distribution. The pain is severe. Her main complaint of pain is at the thoracolumbar junction on the right side aro; Physical Therapy, Steroid injections, Oral steroids, NSAID treatment, Chiropractic Care

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

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 has a history of severe low back trauma or lumbar injury.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.; abduction is 3\5 on right 3\5 on left external rotation at 0. decrease sensation of radial bone and index finger

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; INTERMITTENT NUMBNESS IN FOOT, PAIN AND LIMITED RANGE OF MOTION; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; patient having back and neck pain, tingling, numbness; medication, therapy

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-2015; There has been treatment or conservative therapy.; pain neck and back; medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; pt has tenderness in her low back, right upper extremity in her low back; pt has had surgery and physical therapy  pt has also had a injection

Radiology Services Denied Not Medically Necessary

: 2 views of the cervical spine shows calcification of the thyroid. Spurring is noted anteriorly as well as posteriorly in the lower cervical levels cervical spondylosis and DJD; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

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 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

; 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

; 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.; The patient has NOT had back pain for over 4 weeks.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Congenital Anomaly.; This is a 40-year-old female who presents with full spine pain.  She has chronic spine pain. History of scoliosis diagnosed at age 6.; There has been treatment or conservative therapy.; This is a 40-year-old female who presents with full spine pain.  She has chronic spine pain. History of scoliosis diagnosed at age 6. Reports that she was placed in a back brace until the age of 13. Pain radiates from her neck down her spine into her; Physical Therapy, Pt was also treated with Tramadol, and Diclofinac Sodium 75 Mg.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known 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

1. His physical exam findings with his upper motor neuron reflexes were discussed with the patient. Given that he has had a recent fall and he has sustained bilateral clonus with worsening midthoracic pain, I have recommended he undergo an MRI of his tho; This study is being ordered for a neurological disorder.; 6/16/2015; There has been treatment or conservative therapy.; 40-year-old gentleman that approximately 2-1/2 months ago he was walking off a wheelchair ramp and slipped and fell and landed on his low back. He went to a chiropractor for an adjustment, but he states that it made his pain worse. He complains of sever; CHIROPRACTIC MANIPULATION

Enter answer here - or Type In Unknown If No Arkansas Specialty Orthopaedics, 600 South McKinley, Little Rock, AR 72205

_____ PATIENT: Lillian Porch; MED REC NUM: 000000287171; D; This study is 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 Arkansas Specialty Orthopaedics, 600 South McKinley, Little Rock, AR 72205

Radiology Services Denied Not Medically Necessary

_____ PATIENT: Lillian Porch; ME; There has been treatment or conservative therapy.; Low back pain Left leg pain and Numbness. Neck pain numbness in both hands; Ibuprofen 800mg Three times a day. Physical Therapy for 8 weeks
has done 1 year of conservative treatments with no relief.; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; L shoulder pain - cervical pain - difficulty sleeping; steroid inj - 3 rounds of PT - muscle relaxers - meloxicam

Radiology Services Denied Not Medically Necessary

intermittent bowel incontinence, mri of L spine didn't show anything; This study is 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 2014; There has been treatment or conservative therapy.; neck and mid back pain, parietal numbness; Meds, PT and 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 cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; There is a right-sided thoracolumbar scoliosis. There is narrowing of L2-L3 L3-L4 and L5-S1

Radiology Services Denied Not Medically Necessary

None; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

Patient has had x-rays and x-rays came back 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.; Initial onset was in July 2015; There has been treatment or conservative therapy.; Pain when lifting arms, Patient can't reach behind her back, Patient says pain level on scale of 1-10 about an 8, Patient can't sleep on left side due to pain.; Prescribed and taken Flexeril and Ibuprofin.

Radiology Services Denied Not Medically Necessary

Patient has numbness, burning, tingling and pain in arms and legs, hands and feet, bilaterally. Progressively worsening.; This study is being ordered for a neurological disorder.; Patient has had pain in her neck and lower back, hands and feet for some time. It is progressively worsening. It has been going on for at least 10 years; There has been treatment or conservative therapy.; Numbness, tingling, burning, pain in hands and feet, arms and legs, bilaterally; Patient has been given anti-inflammatory drugs, pain medication and nerve pain medications. She has been recently been given a script for PT for core strengthening, which she will start ASAP

Radiology Services Denied Not Medically Necessary

Patient has tried and failed with conservative therapy. Medication and PT; This study is being ordered for a neurological disorder.; July 28, 2015; There has been treatment or conservative therapy.; She has RUE tingling, burning and irritation. She has right upper back and cervical pain and a very tender spot in her right shoulder blade.; Oral medications and physical therapy.

Radiology Services Denied Not Medically Necessary

popping in shoulder; 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.; May 8 2015 Start date , Last visit July 10 no improvement

Radiology Services Denied Not Medically Necessary

Pt was referred by PCP to orthopedic specialist. Pt has numbness and tingling.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has 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.; 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

Review of Systems from 4-17-15 is positive for numbness in the hands and anxiety; 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; 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.

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; ; 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; The reason for ordering this test is Neurologic deficits

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a neurological deficit

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.; Maloxican and Medrol dose pack, Rarm pain, R arm and hand numbness and tingling. Possible servical radiculopathy

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past four (4) months the patient had six (6) weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past four (4) months the patient had six (6) weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise

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

to evaluate for the cause of and numbness in the left side.; 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

To rule out abnormalities in the cervical and lumbar spine regions.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Patient states she has numbness bilaterally in both hands and the hands feel like 'dead weight', pain from right hip that radiates down to right toes, lower lumbar pain that radiates bilaterally down legs. Complains of tenderness in lower lumbar with palp; Previously treated with physical therapy and stated it didn't help. trying to R/O disc herniation for the neck, looking at lymphadenopathy; This study is being ordered for a neurological disorder.; 01/18/2014; There has been treatment or conservative therapy.; neck pain, shoulder pain, chest pain, numbness and tingling down arms, bilateral hand weakness and headaches; 3 months of PT, trigger point injections, Mobic 15mg

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for a neurological disorder.; 1-5-2015; There has been treatment or conservative therapy.; Neck pain with radiulopathy. Pain radiating down to the right shoulder. Patient describes pain as sharp, throbbing and stabbing. Patient complains of decreased range of motion and inability to lay on her right side. Patient also stated she is not able to ; Pt. has taken NSAIDS, had injections, home exercise program and outpatient physical therapy also patient has recently started a weight loss program

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Gradual onset of symptoms over 20 years with worsening symptoms over last 2 years. Patient fell through a ladder on 2007, hit left leg, and has residual numbness through now. Symptoms worsen with prolonged periods of sitting or standing. Patient completed; Physical Therapy and three Epidural Steroid Injections.

Radiology Services Denied Not Medically Necessary

very abnormal plain film x-ray, with degeneration. symptoms of neck pain with radiculopathy.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right upper extremity weakness, compared to contralateral side; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

x-rays showing mild c5 to 6 disc degeneration and slight kyphosis at c4 and 5 .chronic pain for 10yrs; This study is 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; There has been treatment or conservative therapy.; right leg numbness, increased pain with prolonged walking, sitting, or standing, been to pain clinic had injections and physical therapy and still in pain; steroids, physical therapy

Radiology Services Denied Not Medically Necessary

x-rays today show DDD in both her cervical and lumbar regions.; This study is 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 she has had pain since 2000-2001; There has not been any treatment or conservative therapy.; for her cervical: stiffness, pain, radiating pain down right arm.; for her lumbar: patient states that her back just hurts all the time.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; About 3 years ago.; There has been treatment or conservative therapy.; The Pt has lower back pain that radiates down the buttocks to the rectal area with discomfort. It is worse with walking, and standing. The reflex in the LEs are diminished.; The Pt has had PT, steroid injections, and medications.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 58-year-old female with chronic progressive history of thoracolumbar pain that is now radiating into both legs mostly on the right and L5 distribution. The pain is severe. Her main complaint of pain is at the thoracolumbar junction on the right side aro; There has been treatment or conservative therapy.; 58-year-old female with chronic progressive history of thoracolumbar pain that is now radiating into both legs mostly on the right and L5 distribution. The pain is severe. Her main complaint of pain is at the thoracolumbar junction on the right side aro; NSaid therapy, Oral and epidural steroid therapy, Home exercise program, Physical therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Congenital Anomaly.; This is a 40-year-old female who presents with full spine pain.  She has chronic spine pain. History of scoliosis diagnosed at age 6.; There has been treatment or conservative therapy.; This is a 40-year-old female who presents with full spine pain.  She has chronic spine pain. History of scoliosis diagnosed at age 6. Reports that she was placed in a back brace until the age of 13. Pain radiates from her neck down her spine into her; Physical Therapy, Pt was also treated with Tramadol, and Diclofinac Sodium 75 Mg.

Radiology Services Denied Not Medically Necessary

1. His physical exam findings with his upper motor neuron reflexes were discussed with the patient. Given that he has had a recent fall and he has sustained bilateral clonus with worsening midthoracic pain, I have recommended he undergo an MRI of his tho; This study is being ordered for a neurological disorder.; 6/16/2015; There has been treatment or conservative therapy.; 40-year-old gentleman that approximately 2-1/2 months ago he was walking off a wheelchair ramp and slipped and fell and landed on his low back. He went to a chiropractor for an adjustment, but he states that it made his pain worse. He complains of sever; CHIROPRACTIC MANIPULATION

Enter answer here - or Type In Unkn Arkansas Specialty Orthopaedics, 600 South McKinley, Little Rock, AR 72205

Radiology Services Denied Not Medically Necessary

_____ PATIENT: Marsha Hippler; MED REC NUM: 00000009518; This study is 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.; back pain Left arm and leg pain; Ibuprofen, Home exercises

Radiology Services Denied Not Medically Necessary

interminient bowel incontinence, mri of L spine didn't show anything; This study is 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 2014; There has been treatment or conservative therapy.; neck and mid back pain, parineal numbness; Meds, PT and injections

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.;

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.; Fall from sled 12/2014 with continued pain.

Radiology Services Denied Not Medically Necessary

Patient has not had any advanced imaging of her back in over 2 years. She is progressively worsening and we think it's time for a repeat MRI.; This study is being ordered for a neurological disorder.; possible injury about 18 months ago when she stumbled and had to brace herself.; There has been treatment or conservative therapy.; Patient c/o pain in her lower back and buttocks bilaterally. It radiates into the tops of her thighs. She has a burning sensation in the thighs.  Patient also has pain in her thoracic spine. She c/o a pretty intense burning in the thoracic spine.   ; Patient has been taking OTC anti inflammatory medication for some time. She was given a script today to start physical therapy.

Radiology Services Denied Not Medically Necessary

Patient has tried and failed with conservative therapy. Medication and PT; This study is being ordered for a neurological disorder.; July 28, 2015; There has been treatment or conservative therapy.; She has RUE tingling, burning and irritation. She has right upper back and cervical pain and a very tender spot in her right shoulder blade.; Oral medications and physical therapy.

Radiology Services Denied Not Medically Necessary

Pre Operative Planning, to evaluate the Severity of Scoliosis.; This study is being ordered for Congenital Anomaly.; 11/22/2004; There has been treatment or conservative therapy.; She has history of scoliosis. She has chronic back pain that is gradually getting worse. Pain is moderate to severe in intensity and aching in nature. She has numbness and tingling when she walks and sits to the feet. Pain is getting worse. Pain is ag; Pt has been treated with NSaid's, Naproxen, and Physical Therapy.

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

to evaluate the reason for the pain to see if it is caused by the pts scoliosis; This study is being ordered for trauma or injury.; 2012; It is not known if there has been any treatment or conservative therapy.; pain that is constant and sharp

Radiology Services Denied Not Medically Necessary

xrays showing mild c5 to 6 disc degeneration and slight kyphosis at c4 and 5 .chronic pain for 10yrs; This study is 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; There has been treatment or conservative therapy.; right leg numbness, increased pain with prolonged walking,sitting, or standing, been to pain clinic had injections and physical therapy and still in pain; steroids,physical therapy

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; patient having back and neck pain, tingling, numbness; medication, therapy

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-2015; There has been treatment or conservative therapy.; pain neck and back; medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 12, 2015; There has been treatment or conservative therapy.; Joint line tenderness , pain , numbness and tingling; Brace and home exercises

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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.;

Radiology Services Denied Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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

; The study 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

; This study is being ordered for a neurological disorder.; 58-year-old female with chronic progressive history of thoracolumbar pain that is now radiating into both legs mostly on the right and L5 distribution. The pain is severe. Her main complaint of pain is at the thoracolumbar junction on the right side aro; There has been treatment or conservative therapy.; 58-year-old female with chronic progressive history of thoracolumbar pain that is now radiating into both legs mostly on the right and L5 distribution. The pain is severe. Her main complaint of pain is at the thoracolumbar junction on the right side aro; NSaid therapy, Oral and epidural steroid therapy, Home exercise program, Physical therapy

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Congenital Anomaly.; This is a 40-year-old female who presents with full spine pain.  She has chronic spine pain. History of scoliosis diagnosed at age 6.; There has been treatment or conservative therapy.; This is a 40-year-old female who presents with full spine pain.  She has chronic spine pain. History of scoliosis diagnosed at age 6. Reports that she was placed in a back brace until the age of 13. Pain radiates from her neck down her spine into her; Physical Therapy, Pt was also treated with Tramadol, and Diclofinac Sodium 75 Mg.

Radiology Services Denied Not Medically Necessary

42 y/o female persistent bilateral hip and leg pain with radicular symptoms to the lower leg. Xrays with mild arthritic changes; 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

Bilateral hip pain with radiation to BLE. No improvement w/ topical or oral NSAIDS; 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 Un Arkansas Specialty Orthopaedics, 600 South McKinley, Little Rock, AR 72205

PATIENT: Lillian Porch; MED REC NUM: 000000287171; D; This study is 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 Arkansas Specialty Orthopaedics, 600 South McKinley, Little Rock, AR 72205

PATIENT: Lillian Porch; ME; There has been treatment or conservative therapy.; Low back pain Left leg pain and Numbness. Neck pain numbness in both hands; Ibuprofen 800mg Three times a day. Physical Therapy for 8 weeks

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type In Unkn Arkansas Specialty Orthopaedics, 600 South McKinley, Little Rock, AR 72205

PATIENT: Marsha Hippler; MED REC NUM: 00000009518; This study is 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.; back pain Left arm and leg pain; Ibuprofen, Home exercises

Radiology Services Denied Not Medically Necessary

EXTERNAL RESULT; bilateral pars defect noted. preserved discs without herniation. Patent central canal.; 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

Herniation and 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.; 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

in May was running track, heard a snap in his back. Can't run without pain. Was put on some meds back in May.; 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

Jesse Cash is a 38 years old Male from Everton, AR. Patient had surgery in 2010 by Dr. Tom Peck Coker where he underwent a partial medial meniscectomy partial lateral meniscectomy and minor synovectomy. ACL was deficient. He continued to have pain con; 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. He had a lumbar stress fracture more than one year ago. That improved with rest and activity modification. He got back to normal activity. He played a full year of soccer without difficulty. Unfortunately, his pain has returned. He had a sl; 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

Moderate degenerative scoliosis and spurring of lower lumbar vertebral bodies in lumbar spine.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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

Radiology Services Denied Not Medically Necessary

no weakness verbalized by the patient. severe pain when in sitting position. Has tried rest and ICE; Has been on muscle relaxers and anti-inflammatories not helping with the 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

numbness and tingling in bilateral legs, xray show disc space collapse. 2012 previous MRI showed disc herniation.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in bilateral legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

Patient complaining of lumbosacral spine pain without radiation into either lower extremity. Recent bone scan is normal.; 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 lower lumbar pain. States onset of pain followed surgical procedure patient had in August, 2015. States doing multiple lifting and carrying activities over summer. Denies any specific injury. X-ray of lumbar and thoracic spine on 08/3; 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

Patient complains of pain across her lower lumbar into both hips that radiates down both legs into her feet. Describes the pain as beginning with numbness that is followed by pins and needles with moderated burning sensations in both feet, and the pain is; 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

Patient Has had 4 weeks of Therapy and it has helped some but has not eliminated the pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Radiology Services Denied Not Medically Necessary

Patient has had other testing and now the Dr is wanting to see if the pain is coming from the Lspine; 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 not had any advanced imaging of her back in over 2 years. She is progressively worsening and we think it's time for a repeat MRI.; This study is being ordered for a neurological disorder.; possible injury about 18 months ago when she stumbled and had to brace herself.; There has been treatment or conservative therapy.; Patient c/o pain in her lower back and buttocks bilaterally. It radiates into the tops of her thighs. She has a burning sensation in the thighs.  Patient also has pain in her thoracic spine. She c/o a pretty intense burning in the thoracic spine.   ; Patient has been taking OTC anti inflammatory medication for some time. She was given a script today to start physical therapy.

Radiology Services Denied Not Medically Necessary

Patient has numbness, burning, tingling and pain in arms and legs, hands and feet, bilaterally. Progressively worsening.; This study is being ordered for a neurological disorder.; Patient has had pain in her neck and lower back, hands and feet for some time. It is progressively worsening. It has been going on for at least 10 years; There has been treatment or conservative therapy.; Numbness, tingling, burning, pain in hands and feet, arms and legs, bilaterally; Patient has been given anti-inflammatory drugs, pain medication and nerve pain medications. She has been recently been given a script for PT for core strengthening, which she will start ASAP

Radiology Services Denied Not Medically Necessary

patient is having low back pain with numbness at times 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

Radiology Services Denied Not Medically Necessary

Patient with chronic back pain and weakness in both legs 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

Radiology Services Denied Not Medically Necessary

Pre Operative Planning, to evaluate the Severity of Scoliosis.; This study is being ordered for Congenital Anomaly.; 11/22/2004; There has been treatment or conservative therapy.; She has history of scoliosis. She has chronic back pain that is gradually getting worse. Pain is moderate to severe in intensity and aching in nature. She has numbness and tingling when she walks and sits to the feet. Pain is getting worse. Pain is ag; Pt has been treated with NSaid's, Naproxen, and Physical Therapy. Pt is a 64 years old Male with LEFT hip pain since June of this year. He had a fall and that is when this began. He describes pain as sharp, achy pain is intermittent and 9/10 severity. Pain is worse with stretching and pulling and standing and 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

Radiology Services Denied Not Medically Necessary

R/O TEAR; This study is being ordered for trauma or injury.; 06/2/2015; There has been treatment or conservative therapy.; LOW BACK PAIN RADIATING DOWN LEFT LEG. RIGHT SHOULDER PAIN; AT HOME THERAPY, ANTI-INFLAMMATORY

Radiology Services Denied Not Medically Necessary

She is 5'3" and weighs 185 pounds. Mood, orientation, affect, and appearance are appropriate. She is heavy and moves slowly. She has a slight asymmetry and seems to have a slightly shorter left leg. She walks with a mildly waddling gait. She has tend; The study 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

Suspected spondylolytic spondylolisthesis. Range of motion of lumbar spine is grossly limited. Patient has tried Percogesic and ibuprofen with no relief of symptoms.; 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 has degenerative disc disease and thoracic scoliosis, she is having numbness and tingling in the left side.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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.; 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

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.

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

Unknown; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Gradual onset of symptoms over 20 years with worsening symptoms over last 2 years. Patient fell through a ladder on 2007, hit left leg, and has residual numbness through now. Symptoms worsen with prolonged periods of sitting or standing. Patient completed; Physical Therapy and three Epidural Steroid Injections.

Radiology Services Denied Not Medically Necessary

x-rays today show DDD in both her cervical and lumber regions.; This study is 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 she has had pain since 2000-2001; There has not been any treatment or conservative therapy.; for her cervical: stiffness, pain, radiating pain down right arm.; for her lumbar: patient states that her back just hurts all the time.

Radiology Services Denied Not Medically Necessary

Patient has osteoarthritis of bilateral hips and needs THA ASAP; 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

51-year-old female here today for complaints of bilateral hip pain . She has a history that her mother beat her all the time when she was a child and in fact 1 day, threw her down 18 steps . She apparently landed on her lower back area and since that ti; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

Enter answer here - or Type InThe severity of the problem is moderate. Location of pain is in the bilateral thigh and bilateral leg. The pain is radiating to the right foot. The patient describes the pain as sharp. Aggravating factors include bending ; 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 had pain in lower back. recommended evaluations by a spinal surgeon. kyphoplasty on her back pt received injections; 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 pt has lateral recess stenosis,right L4-5 and right L5 radiculopathy including foot drop; This study is being ordered for Inflammatory/ Infectious Disease.; 8/12/15; There has been treatment or conservative therapy.; pain in the lower back, hip and radiating pain down the legs; 08/01/2015

Radiology Services Denied Not Medically Necessary

This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.

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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 11/2014; There has been treatment or conservative therapy.; severe pain in wrist, arm, and fingers, as well as, numbness.; hand therapy.

Radiology Services Denied Not Medically Necessary

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known 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

hand numbness and right thumb locking; 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.

Radiology Services Denied Not Medically Necessary

has done 1 year of conservative treatments with no relief.; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; L shoulder pain - cervical pain - difficulty sleeping; steroid injns - 3 rounds of PT - muscle relaxers - meloxicam

Radiology Services Denied Not Medically Necessary

She cannot wear bra strap on right side/sleeping on right side worsens and wakes me up. Patient utilizes Biofreeze for treatment. Patient has utilized Norco and muscle relaxers along with Naproxen for mild relief. Patient has seen dr. Rosenzweig and had ce; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/24/12; There has been treatment or conservative therapy.; The pain is described as aching and chronic and associated with arm pain, difficulty sleeping, worse with forward elevation, and worse with overhead activity.; Patient reports intermittent functional limitations.; Patient has utilized Norco and muscle relaxers along with Naproxen for mild relief.; Patient has also performed physician prescribed home exercise program.

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.

Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.

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 have an abnormal plain film study of the joint.

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

trying to R/O disc herniation for the neck, looking at lymphadenopathy; This study is being ordered for a neurological disorder.; 01/18/2014; There has been treatment or conservative therapy.; neck pain, shoulder pain, chest pain, numbness and tingling down arms, bilateral hand weakness and headaches; 3 months of PT, trigger point injections, Mobic 15mg

Radiology Services Denied Not Medically Necessary

Unknown; The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for a neurological disorder.; 1-5-2015; There has been treatment or conservative therapy.; Neck pain with radiulopathy. Pain radiating down to the right shoulder. Patient describes pain as sharp, throbbing and stabbing. Patient complains of decreased range of motion and inability to lay on her right side. Patient also stated she is not able to ; Pt. has taken NSAIDS, had injections, home exercise program and outpatient physical therapy also patient has recently started a weight loss program

Radiology Services Denied Not Medically Necessary

when she abduction her shoulder she has lateral and anterior shoulder pain with the left side being worse. The symptoms have been present for 6 years . She does have some crepitus caring out motion in her shoulders.Review of x-ray, shoulder shows acromi; 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

; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

Right foot and ankle swells; This study is being ordered for trauma or injury.;
07/10/2015; There has been treatment or conservative therapy.; Pain and swelling;
Brace, medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being
ordered for something other than: known trauma or injury, metastatic disease, a
neurological disorder, inflammatory or infectious disease, congenital anomaly, or
vascular disease.; May 12, 2015; There has been treatment or conservative therapy.;
Joint line tenderness , pain , numbness and tingling; Brace and home exercises

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being
ordered for something other than: known trauma or injury, metastatic disease, a
neurological disorder, inflammatory or infectious disease, congenital anomaly, or
vascular disease.; unknow; There has been treatment or conservative therapy.; pain in
his feet  has difficulty relaxing his foot  trouble putting weight on the
right foot; patient has had physical therapy

Radiology Services Denied Not Medically Necessary

; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is
described as chronic; The physician has directed conservative treatment for the past 6
weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The
patient has been treated with medication.; 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.

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

Continued pain after right knee surgery and conservative treatment; 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.; 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.; unchanged; The patient received oral analgesics.

Radiology Services Denied Not Medically Necessary

medial joint line tenderness; modified daily activities; nsaid's not working; possible medial 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 not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

MRI is being ordered for suspected tendon and ligament injury.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.

Radiology Services Denied Not Medically Necessary

needing to rule out a 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.; 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.; ibuprofen and ultram; The patient received medication other than joint injections(s) or oral analgesics.

Radiology Services Denied Not Medically Necessary

ongoing ankle pain after injury. She heard a pop with pain. She had limited ROM at the ankle as well as weakness. concerned she has an Achilles 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.

Radiology Services Denied Not Medically Necessary

ongoing knee pain joint line tenderness concerned she has a meniscal tear.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.

Radiology Services Denied Not Medically Necessary

ongoing knee pain worried she has a meniscal tear joint line tenderness; 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

patient has pain to R/O fracture or meniscus 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.; 06/02/2015; There has been treatment or conservative therapy.; difficult walking limited ROM and pain; patient had physical therapy

Radiology Services Denied Not Medically Necessary

questionable posterior tibial tendon tear. .; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.

Radiology Services Denied Not Medically Necessary

R/o plantar fascia tear.; This study is being ordered for trauma or injury.; 09/15/2015; There has been treatment or conservative therapy.; Pain and swelling to right foot and ankle, unable to bear weight, pain on plantar fascia plate, decreased sensation in plantar surface of foot and dorsal lateral foot compared to the left side.; Short leg walking boot, oral NSAIDs, activity modification (rest, ice, and alternating with heat). All with no improvement. X-ray performed on 09/17/2015 that was negative.

Radiology Services Denied Not Medically Necessary

This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not been treated with crutches, protective bootm walking cast or immobilization for at least 4 weeks.

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; The ordering doctor an orthopedic specialist; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace)

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.; 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.

Radiology Services Denied Not Medically Necessary

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

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 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.

Radiology Services Denied Not Medically Necessary

This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Radiology Services Denied Not Medically Necessary

X-rays: Weightbearing x-rays and lateral of the knees are made. This patient has very impressive arthritis changes noted. Furthermore x-rays of the left knee present a similar picture total loss of joint space medially, osteophytosis and loss of joint s; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Pain and crepitus, Loss of ROM; Medication, Knee Scope Surgery ; 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

LOOKING FOR 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.; ON GOING FOR SEVERAL YEARS HIP SURGERY IN 2013 AND 2014; There has been treatment or conservative therapy.; HIP PAIN UPON WEIGHT BEARING; PHYSICAL THERAPY AND ALLTERED HIS GAIT

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

This is a request for a temporomandibular joint MRI.

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."; The study is requested for 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/27/2015; There has not been any treatment or conservative therapy.; swelling

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 8/24/2015; There has not been any treatment or conservative therapy.; 2 centimeter by 14 millimeter nodule in neck found by ultrasound today

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/27/2015; There has not been any treatment or conservative therapy.; swelling

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.

headaches for couple weeks. right side of head has knots, keeping her awake. sun makes headaches worse. right eye and side of head. throbbing/pounding. (had to understand caller with accent, sorry.); 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).

"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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 8/24/2015; There has not been any treatment or conservative therapy.; 2 centimeter by 14 millimeter nodule in neck found by ultrasound today

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; 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.

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 is a request for a pelvis CT angiography.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

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; 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.; 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.; 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.; 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 not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days

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.

Abdominal pain; 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.

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 is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone

This is a request for a temporomandibular joint MRI.

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.

The patients back pain starts at the Thoracic spine and goes all the way down to his tailbone and the pain has continued to worsen.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

Patient was given an anti-inflammatory to see if that would help also.; 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.

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

Patient's mid to lower back has continued to get worse.; 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

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.

Radiology Services Denied Not Medically Necessary

Patient has stomach cancer and is just making sure it not matassis size.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; 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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-11-15; There has been treatment or conservative therapy.; back pain radiating to legs; tingling; neck pain radiating to left arm; decreased range of motion; medication; 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.; 5-11-15; There has been treatment or conservative therapy.; back pain radiating to legs; tingling; neck pain radiating to left arm; decreased range of motion; medication; physical therapy

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 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 suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"

MDO wants to check chronic sinusitis and cholestatoma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; at least a year; There has been treatment or conservative therapy.; ear pain, facial pain, recurrent ear and sinus infection, choleseatoma in left ear upon exam.; antibiotics, nasal steroid sprays, antibiotic ear drops, and allergy medicine

No additional; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/18/2015; There has been treatment or conservative therapy.; c/o ear pain, swelling and trismus, no improvement with abxs and drops. Severe ear pain, ear swelling, facial swelling; Pt with one week c/o ear pain, swelling and trismus, no improvement with abxs and drops. She has had a lot of ear infections and otitis externa in the past.

"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 not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

; 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 (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 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 not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.

38 year old female with history of recurrent sinusitis, more than 4 per year. Non-smoker, one dog and one cat. Constant nasality of speech. Takes guifenesis almost daily, constant pressure all day, increasing at bedtime. thick post-nasal drainage. Occasio; 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

9/2/15 She complains of constant right sided nasal congestion. She has fairly severe allergies. She is not undergoing immunotherapy. She is currently using nasal steroids. She had a short course of antibiotics that were not effective. nasal mucosa is dry.; 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

Deviated septum , Hypertrophy . Has left middle medial polyps; 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)

epistaxis and bivona pack with ballons inflated; 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.

frontal headaches with pain & pressure, cheek swelling, orbital pain, yellow drainage, nasal obstruction right side, ear pain & pressure. has used nasal sprays 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 (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

Frontal headaches, uses FLONASE and AUGMENTIN, and OMNISEF, Tubes in ears;; 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)

MDO wants to check chronic sinusitis and cholestatoma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; at least a year; There has been treatment or conservative therapy.; ear pain, facial pain, recurrent ear and sinus infection, choleseatoma in left ear upon exam.; antibiotics, nasal steroid sprays, antibiotic ear drops, and allergy medicine

No additional; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/18/2015; There has been treatment or conservative therapy.; c/o ear pain, swelling and trismus, no improvement with abxs and drops. Severe ear pain, ear swelling, facial swelling; Pt with one week c/o ear pain, swelling and trismus, no improvement with abxs and drops. She has had a lot of ear infections and otitis externa in the past.

none; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; Severe Coughing;; MEDS

none; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

on meds hasn't improved  cough crackling in his head; 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 c/o having sinus and bad breath issues x a long time. He was told he needed sinus surgery at one point, but never followed through. He gets 4-5 sinus infections a year, all treated with antibiotics. He uses nasal steroids. He has primarily postnas; 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

PT HAS DECREASED SMELL; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.

septum deviates to the right side; 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); The time since onset is unknown

she is currently on anti biotics, started sept 9, ct is scheduled after antibiotics are to be done.; 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

She says she gets sinus headaches and pain, especially over the left forehead. She will get symptoms of feeling like she has got fullness and drainage in her throat, then she gets a little bit nauseous, and almost always then has a headache right over 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 (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

sinus pressure and headaches; 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 patient has been on levaquin with little improvement. Her sinus series was reviewed and it shows an air fluid level in the left maxillary sinus. She returns for recheck today with no improvement of the nasal congestion or loss of smell.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment

The patient is a 58 year old male kindly referred by Dr. Kaplan. Patient had an MRI at Open MRI which incidentally showed inflammation in maxillary sinuses. He has been seeing Dr. Kaplan for intermittent light headedness and memory loss. He was referred; 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 nice lady has Samter's triad. She had nasal surgery in 2008. She did well from this. For the past year or 2 she has had recurrence of her symptoms she has recurrent nasal polyposis. She has Samter's triad. We did discuss aspirin desensitization. We wi; 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 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.; 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)

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/12/2015; There has been treatment or conservative therapy.; Foreign body in throat mass in sinus and hosreiness; Meds,

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5 WEEKS AGO; There has not been any treatment or conservative therapy.; NECK PAIN 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 not a hematologist/ oncologist.

laryngeal 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.

ORDERING  CT NECK WITH CONTRAST CT CHEST WITH CONTRAST  heavy smoker, family history of head and neck cancer. MRI a couple of months ago showed a 5 cm cystic right neck mass. She has had some odynophagia. She does drink alcohol. There is some right ot; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

pharyngeal mass on endoscopy; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.

The patient is a 63 year old female with a long history of left recurrent parotitis for about 10 years. She has swelling about 4 times a year. It sometimes swells with eating or chewing. She has not been treated recently with antibiotics. She does use gen; This study is being ordered for Inflammatory/ Infectious Disease.; The patient is a 63 year old female with a long history of left recurrent parotitis for about 10 years. She has swelling about 4 times a year. It sometimes swells with eating or chewing. She has not been treated recently with antibiotics. She does use gen; There has been treatment or conservative therapy.; The patient is a 63 year old female with a long history of left recurrent parotitis for about 10 years. She has swelling about 4 times a year. It sometimes swells with eating or chewing. She has not been treated recently with antibiotics. She does use gen; PT HAS BEEN TREATED WITH ANTIBIOTICS IN THE PAST This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.

This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.

This is a request for neck soft tissue CT.; The study is being ordered for Initial Staging.; The patient has a known tumor or metastasis in the neck.

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 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 study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 Vascular Disease.; 2 years; There has not been any treatment or conservative therapy.;

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknow; It is not known if there has been any treatment or conservative therapy.; Unknown

; This study is being ordered for Vascular Disease.; 2 years; There has not been any treatment or conservative therapy.;

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknow; It is not known if there has been any treatment or conservative therapy.; Unknown

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 not been treated with medications for at least four weeks.

; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;

Pt states she also has pulsatile ringing in her ears (worse in left, especially when she leans or turns to the side), that started about a year ago which was about the same as when the cough started. Pt states she thinks her hearing is fine, but has noticed; This study is being ordered for Vascular Disease.; Left Pulsatile Tinnitus - Discussed that this is likely a result of increased venous pressure and is not an ear problem. Recommend MRI to workup pulsatile tinnitus. I do not recommend an Audiogram at this time as pt denies any hearing loss and it is not a; There has not been any treatment or conservative therapy.; pulsatile tinnitus greater in left ear than right

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.

; 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.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.

; 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.

; 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 trauma or injury.; ; There has been treatment or conservative therapy.;;

; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;

dizziness , vestibular hypo function balance test for hearing showed; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

dizziness and off balance; 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).

episodes of 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; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.

Hearing concerns, cholesteatoma in middle ear of the right ear. HX of bilateral cholesteatoma, tinpanoplasty. Hearing loss. Had a ct of the ear, the impression from CT indicates findings right temporal bone, consistent with remote canal wall up mastoidectomy; 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.

Hx of recurrent eye pain, periorbital discomfort, dysequilibrium, vertigo, 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 vertigo

Michael is a 40-year-old gentleman who is here today with just a complaint of pain in or about the right ear, pierced about 2 weeks ago. Had noticed tinnitus, right ear. He had previous noted tinnitus with just mild hearing loss, but it is just the right ; 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)

none; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

none; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has been treatment or conservative therapy.; Severe Coughing,; MEDS

patient is having 389.6 tinnitus, dizziness last 10 to 15mins. decreased hearing, patient has tried medications with no success.; This request is for a Brain MRI; The study is 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.

Pt states she also has pulsatile ringing in her ears (worse in left, especially when she leans or turns to the side), that started about a year ago which was about the same as when the cough started. Pt states she thinks her hearing is fine, but has noticed; This study is being ordered for Vascular Disease.; Left Pulsatile Tinnitus - Discussed that this is likely a result of increased venous pressure and is not an ear problem. Recommend MRI to workup pulsatile tinnitus. I do not recommend an Audiogram at this time as pt denies any hearing loss and it is not a; There has not been any treatment or conservative therapy.; pulsatile tinnitus greater in left ear than right

Pt with 3 week c/o temporal and frontal headaches, stopped up ears, and a several year h/o unsteadiness. If No Info Given.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Right sided bell's palsy, swelling in the ear, humming sound; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

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.

R/O 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 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 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 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.; 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 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 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 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 to R/O tumor  Patient has recent hearing loss and sudden drop in her hearing; 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.

Tinnitus, earaches.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

"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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/oncologist.

laryngeal 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.

ORDERING  CT NECK WITH CONTRAST CT CHEST WITH CONTRAST  heavy smoker, family history of head and neck cancer. MRI a couple of months ago showed a 5 cm cystic right neck mass. She has had some odynophagia. She does drink alcohol. There is some right ot; This study is being ordered for a metastatic disease.; There are 2 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 not been performed on the member in the past 3 months.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5 WEEKS AGO; There has not been any treatment or conservative therapy.; NECK PAIN HEADACHE

This is a request for cervical spine MRI; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; No, there are no documented clinical findings of Multiple sclerosis.

HEMANGIOMA LOWER BACK WITH SACRAL DIMPLE; 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

Patient is having severe unexplained backpain. Unrelieved with medication.; 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)

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

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 suspicion of upper extremity neoplasm or tumor or metastasis.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Head/Neck Cancer.; The patient has Thyroid cancer.; This would be the first PET Scan performed on this patient for this cancer.

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 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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/12/2015; There has been treatment or conservative therapy.; Foreign body in throat mass in sinus and hosreiness; Meds,

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

The patient is a 64 YO with a long history of chronic sinusitis who underwent left frontal FESS with opening of frontal recess and Propel stent placement 6/19/15. He previously underwent turbinoplasty and bilateral maxillary and ethmoid FESS on 7-8-14. Pt; 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 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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/2015; There has not been any treatment or conservative therapy.; RT side neck mass, left draining ear

Radiology Services Denied Not Medically Necessary

3 episodes of sinusitis in the past year and has had clear persistent drainage and left nasal congestion. She was treated with Augmentin and Bactrim and steroid IM. She has not been using antihistamines or steroid nasal spray.; 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

r/o polyposis. The septum deviates to the right. Examination of the left side revealed a clear middle meatus and sphenoidal recess. There was no mucopurulence or polyps. Examination of the right side revealed a clear middle meatus and sphenoidal recess. 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

Radiology Services Denied Not Medically Necessary

The patient is a 63 year old female with a long history of left recurrent parotitis for about 10 years. She has swelling about 4 times a year. It sometimes swells with eating or chewing. She has not been treated recently with antibiotics. She does use gen; This study is being ordered for Inflammatory/ Infectious Disease. The patient is a 63 year old female with a long history of left recurrent parotitis for about 10 years. She has swelling about 4 times a year. It sometimes swells with eating or chewing. She has not been treated recently with antibiotics. There has been treatment or conservative therapy. The patient is a 63 year old female with a long history of left recurrent parotitis for about 10 years. She has swelling about 4 times a year. It sometimes swells with eating or chewing. She has not been treated recently with antibiotics. She does use gen; PT HAS BEEN TREATED WITH ANTIBIOTICS IN THE PAST

Radiology Services Denied Not Medically Necessary

This is a request for a Sinus CT. This study is being ordered for sinusitis. The patient is NOT immune-compromised. The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/2015; There has not been any treatment or conservative therapy.; RT side neck mass, left draining ear

Radiology Services Denied Not Medically Necessary

Yes, this is a request for CT Angiography of the Neck.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2/2015; There has been treatment or conservative therapy.; hearing loss, nasal polyps, sinus infection, no improvement with medications; medications

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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2/2015; There has been treatment or conservative therapy.; hearing loss, nasal polyps, sinus infection, no improvement with medications; medications

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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/12/2015; There has been treatment or conservative therapy.; Foreign body in throat mass in sinus and hosreiness; Meds,

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

history migraine headache pain improved after nerve block and Botox injection. She now is having left arm and 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.; 09/08/2015 Ms. Lowery is a 52 y.o. female referred in consultation for evaluation of migraine headache pain and in the left area of the auriculotemporal nerve and V3 that first started 8 years ago. When the pain first started it was on the right face then; There has not been any treatment or conservative therapy.; history migraine headache pain improved after nerve block and Botox injection. She now is having left arm and shoulder pain .

Radiology Services Denied Not Medically Necessary

history migraine headache pain improved after nerve block and Botox injection. She now is having left arm and 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.; 09/08/2015 Ms. Lowery is a 52 y.o. female referred in consultation for evaluation of migraine headache pain and in the left area of the auriculotemporal nerve and V3 that first started 8 years ago. When the pain first started it was on the right face then; There has not been any treatment or conservative therapy.; history migraine headache pain improved after nerve block and Botox injection. She now is having left arm and shoulder pain .

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.

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 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.";

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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for recent head trauma or injury.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/01/15; There has not been any treatment or conservative therapy.; headaches and vomiting

; 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.

Patient is 3 years old so physical exam was limited.; 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.

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 requested for Hydrocephalus or congenital abnormality.

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 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 request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/01/15; There has not been any treatment or conservative therapy.; headaches and vomiting

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Brother Neuro impairment- R/O abnormalities; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

CONTINUED FOLLOW UP IN MEMBER WITH HISTORY OF NONGERMINOMATOUS GERM CELL TUMOR OF THE CENTRAL NERVOUS SYSTEM.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

CONTINUED FOLLOW UP; This study is being ordered for Congenital Anomaly.; EARLY INFANCY; There has not been any treatment or conservative therapy.; NEUROFIBROMATOSIS 1, SEIZURES, NUMEROUS LARGE LYMPH NODES, HEADACHES

ct was performed and recommended mri. Showed shortening of the corpus callosum.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Headache noted. Onset was approximately 3 months ago. The location is primarily left temporal and frontal. It does not radiate. She has had prior headaches similar to this one. Typical headache frequency is nearly every day. She has been seen previously; 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).

left leg weaker than the right, won't bear weight on her left leg while walking up the stairs.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; headaches started 9/23/2015; vomiting dec 2014 on and off; There has not been any treatment or conservative therapy.; vomiting leg weakness and pain and headaches dragged her foot while walking and occasionally trips on her foot early morning

macrocephaly; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.

Ordered for Headaches . Pt had a CT due to injury in Feb. 2014 CT was abnormal.; 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 has a week long headache without relief, sensitivity to light and sound, plus nausea and vomiting.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; 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).

Pt has had headaches frequently and ongoing for the last 3 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).

SINUS BRADYCARDIA, INTERVENTRICULAR CONDUCTION DELAY AND LEFT AXIS DEVIATION; This study is being ordered for Congenital Anomaly.; 07/26/1983; There has been treatment or conservative therapy.; COARCTATION OF THE AORTA; LEFT SUBCLAVIAN FLAP REPAIR OF COARCTATION IN 11/1983, UNDERWENT A 16mm ASCENDING TO DESCENDING AORTIC CONDUIT IN 8/1999 FOR RECURRENT ARCH OBSTRUCTION

slow head growth; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 headaches are waking the PT up out of her sleep. The headaches are worse when sitting up or exercise.; 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; 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; 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 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 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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

There is not a known inflammatory disease.; There is not a known tumor.; Patient has pectus excavatum, and measuring haller index. The patient is syncope; "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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

CONTINUED FOLLOW UP IN MEMBER WITH HISTORY OF NONGERMINOMATOUS GERM CELL TUMOR OF THE CENTRAL NERVOUS SYSTEM.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

CONTINUED FOLLOW UP; This study is being ordered for Congenital Anomaly.; EARLY INFANCY; There has not been any treatment or conservative therapy.; NEUROFIBROMATOSIS 1, SEIZURES, NUMEROUS LARGE LYMPH NODES, HEADACHES
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; 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; 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.

CONTINUED FOLLOW UP IN MEMBER WITH HISTORY OF NONGERMINOMATOUS GERM CELL TUMOR OF THE CENTRAL NERVOUS SYSTEM.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

CONTINUED FOLLOW UP; This study is being ordered for Congenital Anomaly.; EARLY INFANCY; There has not been any treatment or conservative therapy.; NEUROFIBROMATOSIS 1, SEIZURES, NUMEROUS LARGE LYMPH NODES, HEADACHES
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.; None

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 01-2015; There has been treatment or conservative therapy.; difficulty walking, sitting, lumbar pain, buttock and muscle spasms, sciatic pain down left side; chiropractor

CONTINUED FOLLOW UP IN MEMBER WITH HISTORY OF NONGERMINOMATOUS GERM CELL TUMOR OF THE CENTRAL NERVOUS SYSTEM.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

CONTINUED FOLLOW UP; This study is being ordered for Congenital Anomaly.; EARLY INFANCY; There has not been any treatment or conservative therapy.; NEUROFIBROMATOSIS 1, SEIZURES, NUMEROUS LARGE LYMPH NODES, HEADACHES

Pain starts after patient gets home from work resting he gets sharps constant pain down mid calf; 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

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 01-2015; There has been treatment or conservative therapy.; difficulty walking, sitting, lumbar pain, buttock and muscle spasms, sciatic pain down left side; chiropractor

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 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 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 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 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 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 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 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 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 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.; 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.; 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.; 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 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 findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Diarrhea nausea and vomiting

This is 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 was born with Hirschsprung disease and had surgery to fix it at 3 days of age. The patient's abdominal x-ray as follows: There is a large amount of stool distally in the rectum and colon and there is gaseous distention of the colon up to 11

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.; 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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.

SINUS BRADYCARDIA, INTERVENTRICULAR CONDUCTION DELAY AND LEFT AXIS DEVIATION; This study is being ordered for Congenital Anomaly.; 07/26/1983; There has been treatment or conservative therapy.; COARCTATION OF THE AORTA; LEFT SUBCLAVIAN FLAP REPAIR OF COARCTATION IN 11/1983, UNDERWENT A 16mm ASCENDING TO DESCENDING AORTIC CONDUIT IN 8/1999 FOR RECURRENT ARCH OBSTRUCTION

This is a request for a heart or cardiac MRI

Mbr 17 y/o cycle 2 of chemo therapy. Needs PET Scan to begin cycle 2 COPDACE.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; The study is requested for recent head trauma or injury.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; patient having headaches, that are daily; medications

Radiology Services Denied Not Medically Necessary

06/07/2015 skull fracture  follow up to make sure skull is healing; 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

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."; The study is requested for recent head trauma or injury.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; patient having headaches, that are daily; medications

Radiology Services Denied Not Medically Necessary

Mbr 17 y/o cycle 2 of chemo therapy. Needs PET Scan to begin cycle 2 COPDACE.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

Mbr 17 y/o cycle 2 of chemo therapy. Needs PET Scan to begin cycle 2 COPDACE.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

left leg weaker than the right, won't bear weight on her left leg while walking up the stairs.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; headaches started 9/23/2015; vomiting Dec 2014 on and off; There has not been any treatment or conservative therapy.; vomiting leg weakness and pain and headaches dragged her foot while walking and occasionally trips on her foot early morning

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; follow up to 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 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

The patient complains of intermittent lower back pain for 1 month. The patient states that he has chronic and ongoing lower back pain that he will periodically take medication to control. The patient states that he is working more shifts and longer hours 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

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.; c/o hurting L shoulder in gymnastics at age 9-10 but does not recall the specific injury and was never evaluated for that, but has had trouble with pain off and on in the same area ever since (5yrs). she never told her mom about the chronic pain until rece

Radiology Services Denied Not Medically Necessary

Chronic bruising to the knee with no known injury; starts as redness and then turns to bruising; 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; Redness; No, patient has not completed and failed a course of conservative treatment.

Radiology Services Denied Not Medically Necessary

Mbr 17 y/o cycle 2 of chemo therapy. Needs PET Scan to begin cycle 2 COPDACE.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.

Radiology Services Denied Not Medically Necessary

patient needs an 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.; 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 does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; unknown; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

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 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 request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"

Yes, this is a request for CT Angiography of the Neck.

none given; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Radiology Services Denied Not Medically Necessary

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.

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)

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 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.

"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.; pt has plantar fibroma on both feet

"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; BILAT heel pain, hx of inject and PT w/o relief, ice and stretching, anti inflammatories, had tried shoes and shoe gear,

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.

Abnormal x-ray; This study is being ordered for trauma or injury.; 4/2015; There has been treatment or conservative therapy.; foot and ankle pain; Medication , and compression sleeve and ice ,boot

INJECTIONS. PAIN MEDICATIONS. STERIOD INJECTIONS. STRETCHING EXERCISES. NO IMPROVEMENTS.; 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.

NONE; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not been treated with crutches, protective bootm walking cast or immobilization for at least 4 weeks.

patient has pain in back of left heel, dull sharp pain at 7 on 1-10 scale, pt has adjusted shoe gear with minimal relief, pain on palpation posterior aspect of left heel at the attachment of the Achilles with slight pain on plantar surface of the heel, x-; 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.

Patient has suspected peroneal tendon rupture.; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is NOT being ordered for chronic pain, acute pain, rule our tarsal coalition, known or suspected septic arthritis or oseteomyelitis, tendonitis, neuroma or plantar fasciitis.

R/O non tramatic rupture of tendon; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; Pain, swelling, tenderness, is getting worse. Aggravating factors are ambulation; Anti-Inflammatory, and patient has been placed in Cam Walker(boot)

R/O tendon damage; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2nd, 2015; There has been treatment or conservative therapy.; Difficulty ambulating, painful with walking, pain with palpitation to ankle. Pain with aversion to resistance.; PT, a brace, injection, Mobic

rule out ligament 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.

THERE IS A SOFT TISSUE MASS APPROX. 1.5 CM IN DIAMETER EMCOMPASSING THE PLANTAR SURFACE OF THE 2ND DIGIT ON THE RIGHT FOOT. THIS SOFT TISSUE MASS ENCROACHES UPON THE 2ND INNERSPACE AS WELL. THERE IS SOME MACERATION IN THE INNERSPACE, HOWEVER, NO CLINICA; This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy has NOT been completed.

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 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 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 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 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 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 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 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 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 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 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 has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.

This is a request for a foot MRI.; Surgery or other intervention is planned 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 a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.

This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.

This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a walking cast for at least 6 weeks.

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 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 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 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.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.

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 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 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.

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.

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.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.
This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Unknown; This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection, suspected fracture, known fracture, pre op, post op or a known/palpated mass.

unknown; This study is being ordered for trauma or injury.; 07-07-2015; There has been treatment or conservative therapy.; Pain and swelling; Pt has had surgical shoe and x-rays

X RAYS ARE INCONCLUSIVE, HAS LIMITED RANGE OF MOTION; 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. having warm, shooting pains from back down the sides of 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.; 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

"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.; Having pain in both feet.

Radiology Services Denied Not Medically Necessary

"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has 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 bilateral foot MRI.; The patient is a diabetic & has a ulcer on right foot & he step on his left foot & toe broke

Radiology Services Denied Not Medically Necessary

; This study is 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, decreased ROM, swelling; Steriod injections, anti-inflammatories

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

n/a; This study is being ordered for a neurological disorder.; 3 mos exact date unknown; There has been treatment or conservative therapy.; Pain and swelling in foot/ankle area; 4 antibiotic treatments; Negative Doppler studies

Radiology Services Denied Not Medically Necessary

Soft tissue mass on Ankle. Painful and growing large and unexplained by xrays.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.

Radiology Services Denied Not Medically Necessary

This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.

Radiology Services Denied Not Medically Necessary

This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.

Radiology Services Denied Not Medically Necessary

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; 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.

Radiology Services Denied Not Medically Necessary

This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. unknown; This study is being ordered for trauma or injury.; 07-07-2015; There has been treatment or conservative therapy.; Pain and swelling; Pt has had surgical shoe and x-rays

Radiology Services Denied Not Medically Necessary

Concussion; 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.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This study is being ordered 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.; Numbness in both arms/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.; ; There has not been any treatment or conservative therapy.; Numbness in both arms/hands

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.

This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 2 weeks; Headache best describes the reason that I have requested this test.

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 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)

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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year) Ct of chest 07/15/2015/abnormal; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/13/2015; There has not been any treatment or conservative therapy.; esophageal reflux

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.

Memory 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).

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.

"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.

< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient 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. ; A Chest/Thorax 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 month follow up evaluation of a 4 mm non-calcified nodule with surrounding non-mass like infiltration in posterior segment of right upper lobe, 6 mm noncalcified perifissural nodule on the right. CAT=32 Complaining of shortness of breath with/without ; "There is NO evidence of a lung, mediastinal or chest mass 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 needed for 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.

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.

6mo follow up of 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.

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.

Abnormal chest x-ray: 1 cm rounded centrally calcified mass identified in the right middle lobe. Approximately 2 mm noncalcified nodule laterally in the right upper lobe. With 6-12 months follow up.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.

Bilateral lung nodules. Will repeat CT chest in June. Overdue for repeat 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.

Check spot on lungs to make sure it is not growing; "There is NO evidence of a lung, mediastinal or chest mass 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 dated 08/03/2015; Findings: No osseous abnormality is seen. There is an opacity in the right lung; apex beneath the right first rib. The heart, mediastinum, hila, and pulmonary vessels appear normal. No pneumothorax is identified. No free; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

cirrhosis of liver due to alpha-1 antitrypsin deficiency; shortness of breath which is worsening; FEV1 66% predicted, evaluate lung field for evidence of emphysema; 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.

COPD; 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.

CT CHEST WO CONTRAST; Sarcoid, Asthma, mild persistent, uncomplicated, Interstitial lung disease. Return in 6 weeks.; 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.

Ct of chest 07/15/2015/abnormal; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/13/2015; There has not been any treatment or conservative therapy.; esophageal reflux

CT showed Linear Atelectasis and localized area of fibrosis. Follow Up study; 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.

cxr done 07/14/2015 which showed lesion in LLL.; "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.

dyspnea;; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

follow up CT pulmonary nodule size has 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.

follow up on CT scan done 4/23/2015, patient does have family history of lung cancer and is a smoker, has a follow up of nodule every three months, appears to have a high risk profile; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

had ct 3 months ago and cxr showing 5mm nodule and lung mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

hasn't been checked on in 2 years; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

hemoptysis; A Chest/Thorax CT is being ordered.; The patient did NOT have a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.

history of breast cancer; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

hx pneumonia, mass, pt has not improved, still on antibiotics.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Incidental finding of pulmonary nodule on CT scan of the Abdomen L Lower Lobe 7mm - 6 month follow up of 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.

lung nodule. several 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.

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.

New patient to office. Patient has a HX of Mass. Requesting CT for 1 year follow up from previous 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.

'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.

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.

none; "There is NO evidence of a lung, mediastinal or chest mass 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 asbestosis exposure, also has shortness of breath, and a 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.

patient has pulmonary infiltrates, pulmonary HTN, and shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

patient is a current smoker ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

patient is having shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

pleural effusion; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

PT HAD A POSITIVE TB SKIN TEST.; A Chest/Thorax 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, this is a follow; A Chest/Thorax 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.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Reactive aiwwa disease, mild intermittent, uncomplicated.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

RESULTS ON 05/29 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.

seen for intial copd 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.

shortness of breath, wheezing, post nasal drip.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Six month F/u of 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.

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 3 month follow up of a known 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.

tobacco abuse; exertional dyspnea; hemoptysis; lung nodules; high risk for 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.

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.

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.

; 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.

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

; 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.

SOB; 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 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.

; This study is 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 found on preop visit for umbilical Hernia 8-27-2015; There has not been any treatment or conservative therapy.; exercise intolerance; dyspnea with exertion with a little chest tightness but not often..   decreased breath sounds and diminished air movement.

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; 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; 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 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 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 of Lung Cancer.

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.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

; This study is 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 found on preop visit for umbilical Hernia 8-27-2015; There has not been any treatment or conservative therapy.; exercise intolerance; dyspnea with exertion with a little chest tightness but not often..   decreased breath sounds and diminished air movement.

Radiology Services Denied Not Medically Necessary

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.

Radiology Services Denied Not Medically Necessary

Evaluation of abnormal CT , COPD. With 1 months follow up.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

Ms. Cooper is a 50 year old white female who has had a progressive cough over the last 4-5 years. It tends to become worse after 5 pm or later. She has to get out of bed at times because the cough is so bad that it wakes her husband. She has even slept in; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

Radiology Services Denied Not Medically Necessary

UNKNOWN; 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

asthma, sob, dyspnea; 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

Liasons in Brain and for 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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

patient had PET scan on 08/13/2015 that showed possible METS to the bone. Follow up to check the advancement of the disease; This study is being ordered for a metastatic disease.; There are 5 or more exams are being 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 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 tumor; A biopsy has been completed to determine tumor tissue type.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. elevated CEA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

MDO is wanting to see if cancer has spread; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor

Physical Exam&#xOD; &#xOD; There is no supraclavicular or axillary lymphadenopathy on the right. The right breast reveals minimal hyperpigmentation. There is no desquamation. There is no subcutaneous fibrosis.&#xOD; &#xOD; I reviewed her CT scan of the chest from September 4; A Chest/Thorax 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 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 study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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

< Enter answer here - or Type In Unknown If No Info Given. >; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.

elevated CEA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

MDO is wanting to see if cancer has spread; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

restaging 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 study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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 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 Lung Cancer.; 3 PET Scans have already been performed on this patient for this 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; 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 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 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 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.

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.

patient had PET scan on 08/13/2015 that showed possible METS to the bone. Follow up to check the advancement of the disease; 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 had PET scan on 08/13/2015 that showed possible METS to the bone. Follow up to check the advancement of the disease; 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 had PET scan on 08/13/2015 that showed possible METS to the bone. Follow up to check the advancement of the disease; 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 had PET scan on 08/13/2015 that showed possible METS to the bone. Follow up to check the advancement of the disease; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.

The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.; The patient has not had an abnormal ultrasound of the neck.

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 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 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-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; 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; It is not known if there is a palpable or observed abdominal mass.; Mass found on right kidney

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.; Post Right Renal Cell Carcinoma ablation

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 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.;" 60 y/o WM with hx of Hepatocellular carcinoma in setting of Cirrhosis 2/2 Hep C with multiple liver lesions (atleast 4 measurable with largest one being 5.3cm). Was not a candidate for resection or transplant and thus registered on E1208 IRB 112317 study

unknown; 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).

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 Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 3 PET Scans have already been performed on this patient for this cancer.

This is a request for a Pelvis MRI.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.; Surgery is planned for within 30 days.

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 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 cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient

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 study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.

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)

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

; The study 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; 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?

Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.

Acute and severe episode of double vision.; 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.; There is a suspected or known brain tumor.; The study is requested for known or suspected brain tumor, mass or cancer.

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.

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 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 is experiencing dizziness.

"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.

fever 103, elevated CRP, night sweats, plural effusion.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; polymyosities , scleroderma with ild; "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 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 has a history of severe low back trauma or lumbar injury.

Patient had Xrays, and they were abnormal. Trying to see if degenerative in the spine. She can't move her shoulder. She had PT and it's not helping. She has a tender posterior left shoulder; This study is being ordered for trauma or injury.; 04-2015; There has been treatment or conservative therapy.; Pain, and numbness; 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; 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.

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; 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; 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 Inflammatory/ Infectious Disease.; 07/15/2015; There has been treatment or conservative therapy.; numbness, pain, tingling; physical therapy

unknown; This study is being ordered for Inflammatory/ Infectious Disease.;
07/15/2015; There has been treatment or conservative therapy.; numbness, pain,
tingling; physical therapy

Muscular skeletal 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.; 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.; 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)

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request
for a Pelvis MRI.; The request is not for any of the listed indications.

; 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being
ordered for Inflammatory/ Infectious Disease.; 7/15/2015; There has been treatment
or conservative therapy.; joint pain, swelling, numbness,; medications and over the
counters meds.

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

Pt has hx of inflammatory arthritis and poly-arthralgia.; This study is being ordered for Inflammatory/ Infectious Disease.; 07/22/2015; There has been treatment or conservative therapy.; Primary osteo arthritis bilateral hands, lump on left finger, ganglion of the wrist, synovitis and tenosynovitis.; Physician supervised home exercise since 8/21/15 and anti-inflammatories

sjogrens syndrome; This study is being ordered for trauma or injury.; 5-26-15; There has been treatment or conservative therapy.; tenosynovectomy; PT, hydrocodone, sulfazine, piloparpine

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.

This is a pleasant Caucasian man comes in today for follow-up. He has advancing seronegative rheumatoid arthritis. He has history of hepatitis C status post treatment as well as history of renal cell CA status post left nephrectomy. He has been on IV O; This study is being ordered for Inflammatory/ Infectious Disease.; 5/27/15; There has been treatment or conservative therapy.; Chronic Pain; Medications   Print     Name   Date  Source    atenolol  07/15/15 entered Shannon Boone   Plaquenil  07/15/15 entered Shannon Boone   Plaquenil 200 mg tablet  Take 1 tablet twice daily  08/27/15 renewed Debra Brent, APN  unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 3/30/2015; There has been treatment or conservative therapy.; Fatigue restless sleep loss of hair; medications,home therapy

UNKNOWN; This study is being ordered for Inflammatory/ Infectious Disease.; ABOUT 1 YEAR AGO; There has been treatment or conservative therapy.; HAND SWELLING AND PAIN, TENDERNESS TO PALPATIONS; MEDICATIONS, HEAT AND ICE

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 7/15/2015; There has been treatment or conservative therapy.; joint pain, swelling, numbness,; medications and over the counters meds.

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;

Patient had Xrays, and they were abnormal. Trying to see if degenerative in the spine. She can't move her shoulder. She had PT and it's not helping. She has a tender posterior left shoulder; This study is being ordered for trauma or injury.; 04-2015; There has been treatment or conservative therapy.; Pain, and numbness; PT

sjogrens syndrome; This study is being ordered for trauma or injury.; 5-26-15; There has been treatment or conservative therapy.; tenosynovectomy; PT, hydrocodone, sulfazine, pilocarpine

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 pain, psoriasis, limited ROM, swelling, edema. Muscle weakness.

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.; At his initial visit with Dr. Chi on 9/10/15 he was given Solu-Medrol 125 mg IV. He states that steroids caused significant rage and anger. Later that evening he states that he lost his balance when ambulating and fell injuring his right shoulder. He w

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 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.; This study is being ordered for Known Tumor.; The ordering physician is not an oncologist or orthopedist.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.

This is a pleasant Caucasian man comes in today for follow-up. He has advancing seronegative rheumatoid arthritis. He has history of hepatitis C status post treatment as well as history of renal cell CA status post left nephrectomy. He has been on IV O; This study is being ordered for Inflammatory/ Infectious Disease.; 5/27/15; There has been treatment or conservative therapy.; Chronic Pain; Medications   Print     Name   Date  Source    atenolol  07/15/15 entered Shannon Boone   Plaquenil  07/15/15 entered Shannon Boone   Plaquenil 200 mg tablet  Take 1 tablet twice daily  08/27/15 renewed Debra Brent, APN 

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 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 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 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.
unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 3/30/2015; There has been treatment or conservative therapy.; Fatigue restless sleep loss of hair; medications,home therapy

UNKNOWN; This study is being ordered for Inflammatory/ Infectious Disease.; ABOUT 1 YEAR AGO; There has been treatment or conservative therapy.; HAND SWELLING AND PAIN, TENDERNESS TO PALPATIONS; MEDICATIONS, HEAT AND ICE

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 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 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.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; 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.; Non-acute Chronic Pain; Pain greater than 3 days

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 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.

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.; Walks with forearm crutches, has muscle pains and weakness; medications

This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.

fever 103, elevated CRP, night sweats, plural effusion.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month;
Other

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.

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.; Three months ago; There has been treatment or conservative therapy.; Neck pain, headache; Physical therapy
; A Chest/Thorax 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; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Three months ago; There has been treatment or conservative therapy.; Neck pain, headache; Physical therapy

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

unknown; This study is being ordered for trauma or injury.; 4/27/2015; There has been treatment or conservative therapy.; Pain in her hips, low back, and legs, 8 out of 10 most days. Decreased activity level and sleeping issues. ANA RMP are mildly elevated. Low vitamin D.; PT, Medication management. Xrays and Labwork.

Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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

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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.;

Radiology Services Denied Not Medically Necessary

< Describe primary symptoms here - or Type In Unknown If No Info Given >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.

Radiology Services Denied Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;

Radiology Services Denied Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; 4/27/2015; There has been treatment or conservative therapy.; Pain in her hips, low back, and legs, 8 out of 10 most days. Decreased activity level and sleeping issues. ANA RMP are mildly elevated. Low vitamin D.; PT, Medication management. Xrays and Labwork.

Radiology Services Denied Not Medically Necessary

LBP; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

MRI of the pelvis to look at the si joints; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

R/O inflammatory of the back; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; pain, discomfort, swelling, restless. swelling numbness.; over the counter home therapies to defuse the pain.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-11-15; There has been treatment or conservative therapy.; patient having joint pain; medications, lab work

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.; 6/4/15; There has been treatment or conservative therapy.; Pain, joint swelling, numbness, AM stiffness, and decrease range of motion.; The PT has been on medications, and also has had a nerve study.

Radiology Services Denied Not Medically Necessary

I had the pleasuring of seeing Mrs. Elaine Townsley. She is very pleasant 62-year-old white female. She presents with a friend. She tells me that for at least two years, she has had abnormal skin lesions, bullous type lesions on her legs. She describes tw; This study is being ordered for Inflammatory/ Infectious Disease.; 8/28/15; There has been treatment or conservative therapy.; muscle aches, muscle weakness, arthralgias/joint pain, and swelling in the extremities, and numbness; baclofen  Benicar Cymbalta  gabapentin  Lasix  prednisone  Ultram  Vitamin

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.; 6/26/2015; There has been treatment or conservative therapy.; joint pain, swelling in hands, am stiffness, numbness, frequent headaches, disturbs sleep, tenderness; meds, lerica, oxycodone

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

Today I'm seeing Mrs. Martin for the first time. She is a very pleasant 35-year-old female who comes on consultation by Dr. Michael Beard. She states for years she has had stiffness in her hands with difficulty forming a complete grip. Many years she 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.; 7/13/15; There has been treatment or conservative therapy.; Elizabeth complaints of bilateral wrist pain and stiffness in her hands. She's had these symptoms for many years. She also complains of hip pain. There is faint narrowing in both of her knees. Remainder of her plain films are normal. Lungs send her f; diclofenac sodium 75 mg tablet,delayed release  Take 1 tablet(s) twice a day by oral route.  07/13/15 prescribed Jasen Chi, MD   gabapentin 100 mg capsule  Take 1 capsule(s) twice a day by oral route.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; pain, discomfort, swelling, restless. swelling numbness.; over the counter home therapies to defuse the pain.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-11-15; There has been treatment or conservative therapy.; patient having joint pain; medications, lab work ; 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

Radiology Services Denied Not Medically Necessary

; This study is being ordered for Inflammatory/ Infectious Disease.; 6/4/15; There has been treatment or conservative therapy.; Pain, joint swelling, numbness, AM stiffness, and decrease range of motion.; The PT has been on medications, and also has had a nerve study.

Radiology Services Denied Not Medically Necessary

I had the pleasuring of seeing Mrs. Elaine Townsley. She is very pleasant 62-year-old white female. She presents with a friend. She tells me that for at least two years, she has had abnormal skin lesions, bullous type lesions on her legs. She describes tw; This study is being ordered for Inflammatory/ Infectious Disease.; 8/28/15; There has been treatment or conservative therapy.; muscle aches, muscle weakness, arthralgias/joint pain, and swelling in the extremities, and numbness; baclofen  Benicar Cymbalta  gabapentin  Lasix  prednisone  Ultram  Vitamin

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.; 6/26/2015; There has been treatment or conservative therapy.; joint pain, swelling in hands, am stiffness, numbness, frequent headaches, disturbs sleep, tenderness; meds, lerica, oxycodone

Radiology Services Denied Not Medically Necessary

Pt has hx of inflammatory arthritis and poly-arthralgia.; This study is being ordered for Inflammatory/ Infectious Disease.; 07/22/2015; There has been treatment or conservative therapy.; Primary osteo arthritis bilateral hands, lump on left finger, ganglion of the wrist, synovitis and tenosynovitis.; Physician supervised home exercise since 8/21/15 and anti-inflammatories

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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;

Radiology Services Denied Not Medically Necessary

Today I'm seeing Mrs. Martin for the first time. She is a very pleasant 35-year-old female who comes on consultation by Dr. Michael Beard. She states for years she has had stiffness in her hands with difficulty forming a complete grip. Many years she 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.; 7/13/15; There has been treatment or conservative therapy.; Elizabeth complaints of bilateral wrist pain and stiffness in her hands. She's had these symptoms for many years. She also complains of hip pain. There is faint narrowing in both of her knees. Remainder of her plain films are normal. Lungs send her f; diclofenac sodium 75 mg tablet,delayed release  Take 1 tablet(s) twice a day by oral route.  07/13/15 prescribed Jasen Chi, MD   gabapentin 100 mg capsule  Take 1 capsule(s) twice a day by oral route.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; pain, discomfort, swelling, restless. swelling numbness.; over the counter home therapies to defuse the pain.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

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 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 request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

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 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.

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.; 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 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 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 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 an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other

headache, history of cancer; 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.

; 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.

Fluid removed from left lung; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

r/o lymphadenopathy   This is a 48 y/o with an enlarging supraclavicular mass; she denies fevers, chills, or night sweats; there is no F/H lymphoma   Needs CT Neck, with oral & IV contrast to rule out lymphadenopathy; 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 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.

none; This study is being ordered for Vascular Disease.; Dec 23 2014; There has been treatment or conservative therapy.; shoulder neck pn radiates to the left arm.; clavix

none; This study is being ordered for Vascular Disease.; Dec 23 2014; There has been treatment or conservative therapy.; shoulder neck pn radiates to the left arm.; clavix

This request is for a Brain MRI; The study is NOT being requested 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.

< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.

Chest pain describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.

Fluid removed from left lung; This study is being ordered for a metastatic disease.; There are 2 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. complained of Axillary mass bilateral. Unsure if this is what is causing 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.; It is not known if there has been any treatment or conservative therapy.; Pain across chest and center part of sternum going down into left chest and down into upper abdomen and down into left side of lower abdomen.

This is for a follow up of Calcified granuloma of lung found on previous CT done 1 year ago to see if there have been any changes.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

medications not working. Normal gait, posture; This study is being ordered for a neurological disorder.; 6/11/2015; There has been treatment or conservative therapy.; low back pain, numbness, tingling into L leg. Muscle spasms; 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 not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.

This is a request for cervical spine MRI; Neurological deficits; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

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; This procedure is being requested for Chronic / longstanding neck pain; Within the past four (4) months the patient had six (6) weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise

This is a request for cervical 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.; There is x-ray evidence of a recent cervical spine fracture.

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."

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered 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.

23 y.o. Female s/p blunt trauma with left hip nodule that is likely lipoma vs neuroma; This study is being ordered for trauma or injury.; 1/29/15; There has been treatment or conservative therapy.; continued pain and 5cm nodule over left hip.; Gabapentin

pregnant so she cant have ct 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.; 9-23-15; There has not been any treatment or conservative therapy.; abdominal pain, nausea vomiting ,tenderness to right lower quadrant with rebound tenderness

This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.

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.

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 suspicion of upper extremity neoplasm or tumor or metastasis.

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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 yr; There has been treatment or conservative therapy.; pain, swelling; prednisone

INJECTION. SYMPTOMS IMPROVED BUT BECAME WORSE AGAIN. POSSIBLE TFCC TEAR OR SPRAIN.; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.

Pt has pain that radiates up the arm . Unable to extend.; The study is not requested for any of the standard indications for Knee MRI; This request is for a wrist MRI.; The reason for the study is not 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 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 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.; 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 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 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.

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

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 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 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 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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; n/a; There has been treatment or conservative therapy.; Claudication Swelling HX Ulcers on legs; Arterial PVR

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 Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

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 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 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 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 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.; There are new symptoms including hematuria.

This is a request for CT Angiography of the Abdomen and Pelvis.

.CT scan and pelvic ultrasound obtained at that time showed bilateral cystic structures in the pelvis (ovarian vs inclusion cyst), and she was referred back to UAMS.; This is a 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.

ABDOMINAL PAIN AND A CHANGE IN BOWEL HABBITS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

abdominal pain, tender to palpation possible hernia; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

chronic but worsening. referred to surgeon by ob/gyn.; 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.

evaluate for a 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.

hida scan & gall bladder ultrasound (normal); This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.

History of hernia with mesh placement. Now mesh is infected.; 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.

Inguinal hernia is the reason she was referred over.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.

OP can't determine exactly what the issue is without this exam; 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 has a incisional 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.

patient has had multi extensive abdominal surgeries. she was seen in the clinic on 9/23/15 with severe abdominal pain labs are normal. Trying to confirm Incisional hernia present and possibly incarcerated; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.

Patient is Post Op from Laparoscopic Cholecystectomy done 08/21/2015. Home Health called Dr. Cate, Patient is still having Nausea & Vomiting along with Abdominal pain. Medication prescribed has not worked.; 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.

Pt complains of periumbilical pain with a 7x7cm mass/bulge at navel, umbilical hernia. Pt will need cardiac clearance along with pulmonary clearance prior to surgery so this is why do not know when surgery will be. However, we are doing CT abd/pelvis due ; This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; It is not known if surgery is planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.

Pt. complained of Axillary mass bilateral. Unsure if this is what is causing 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.; It is not known if there has been any treatment or conservative therapy.; Pain across chest and center part of sternum going down into left chest and down into upper abdomen and down into left side of lower abdomen.

The patient states that since her umbilical hernia repair on 1/12/15 with a medium ventral patch, that she had had increased anxiety and constipation. She states she has to eat oatmeal everyday to stay regular. She denies nausea or vomiting. She is seen; 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 had an lipase lab test.; The results of the lab test were 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 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.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; &Enter Additional Clinical Information>

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; 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.; none

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 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 is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.

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; 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 findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; hernia large woman.

This is 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 kidney and liver cysts.

This is 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 experiencing blood in stool, LWR back pain, LWR ADB 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; Previous CT in January small hernia was found in the upper gastric

This is 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 C section on 5/20/2015 and now the pt has mass in the L lower ABD area 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; pt is having mid abdominal pain; possible mass;

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 evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Pt has History of Organ Enlargement of the Pancreas, Chronic Abdominal pain, Gastro reflex

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.; 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

23 y.o. Female s/p blunt trauma with left hip nodule that is likely lipoma vs neuroma; This study is being ordered for trauma or injury.; 1/29/15; There has been treatment or conservative therapy.; continued pain and 5cm nodule over left hip.; Gabapentin

none; 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.

pregnant so she cant have ct 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.; 9-23-15; There has not been any treatment or conservative therapy.; abdominal pain, nausea vomiting ,tenderness to right lower quadrant with rebound tenderness

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."; colonoscopy revealed a polyp in the rectum. The colonoscopy was performed by Matt Garner MD on 07/20/2015. Pathology revealed benign colonic mucosa with slight hyperplastic changes. Negative for adenomatous mucosa.

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 questions about a spot on his liver. I suggested that he discuss this with his family physician or could consider getting another opinion from a general surgeon..

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 pancreatic cyst

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; n/a; There has been treatment or conservative therapy.; Claudication Swelling HX Ulcers on legs; Arterial PVR
Yes, this is a request for CT Angiography of the abdominal arteries.

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 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 to establish a cancer diagnosis.; 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 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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

The primary concern is malignancy and the need to confirm the diagnosis with tissue for pathology. I will schedule him for a ct guided biopsy, pet scan, pft's and MRI of brain for further 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.

Radiology Services Denied Not Medically Necessary

The primary concern is malignancy and the need to confirm the diagnosis with tissue for pathology. I will schedule him for a ct guided biopsy, pet scan, pft's and MRI of brain for further 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.

Radiology Services Denied Not Medically Necessary

chest CT was abnormal was not able to see mass because of size.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

Radiology Services Denied Not Medically Necessary

Patient is s/p hernia repair with mesh. We need to check for infection.; This study is being ordered for Inflammatory/ Infectious Disease.; 8/5/15; There has not been any treatment or conservative therapy.; Abdominal pain

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

will fax in clinicals if needed; A Chest/Thorax 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 - or Type In Unknown If No Info Given. >; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 02/03/2015; There has been treatment or conservative therapy.; trimmers and pain in back; medication
This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past four (4) months the patient had six (6) weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 02/03/2015; There has been treatment or conservative therapy.; trimmers and pain in back; medication

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Pain

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 02/03/2015; There has been treatment or conservative therapy.; trimmers and pain in back; medication

Radiology Services Denied Not Medically Necessary

arthritis; The study 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

pain worst with movement; 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 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

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Pain

Radiology Services Denied Not Medically Necessary

ABDOMINAL PAIN; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis

Radiology Services Denied Not Medically Necessary

Possible mass-not palpable. Retroperitoneal.; 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.; 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.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

medications not working. Normal gait, posture; This study is being ordered for a neurological disorder.; 6/11/2015; There has been treatment or conservative therapy.; low back pain, numbness, tingling into L leg. Muscle spasms; medications

Radiology Services Denied Not Medically Necessary

Patient is s/p hernia repair with mesh. We need to check for infection.; This study is being ordered for Inflammatory/ Infectious Disease.; 8/5/15; There has not been any treatment or conservative therapy.; Abdominal pain

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.

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; Possible hernia.

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; Abdominal pain budge on abdomen wall, R/O hernia.

Radiology Services Denied Not Medically Necessary

Patient feels palpable area in breast and is very anxious. She has dense breast tissue and requests further testing.; 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

Chest pain L arm tingling Nitro was given in office; 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

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on something other than a diagnostic test, imaging study or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.

Radiology Services Denied Not Medically Necessary

The primary concern is malignancy and the need to confirm the diagnosis with tissue for pathology. I will schedule him for a ct guided biopsy, pet scan, pft's and MRI of brain for further 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.

Radiology Services Denied Not Medically Necessary

The primary concern is malignancy and the need to confirm the diagnosis with tissue for pathology. I will schedule him for a ct guided biopsy, pet scan, pft's and MRI of brain for further 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.

This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.

"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.

; 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.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

6 mo fu for suspicious masses detected on previous CT; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.

Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.

alkali is elevated, ASP elevated; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

Enter answer here - or Type InHistory & Physical Examinaton
Chief Complaint / HPI
40 y.o. pleasant woman with benign thyroid nodule referred to our office by Dr. Bodenner for LUL pulmonary Nodule. Ms. Web developed dyspnea with chest pai; "There is NO evidence of a lung, mediastinal or chest mass 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 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.
; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

SOFT TISSUE MASSES WITHIN THE ANTERIOR PORTION OF THE KNEE BILATERALLY IN THE INFRAPATELLAR REGION, THESE ARE FIRM AND MOBILE, WITH A SLIGHTLY NODULAR FEEL; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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.; 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.

alkali is elevated, ASP elevated; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.; 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

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

MRI needed for further evaluation; 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.

Patient has extremely dense breast tissue on imaging that could compromise the screening interperation. ultasound demonstrates right mass 3:00 0.5cmfn measuring 6mm in size. she has a family history of breast cancer in mother dx in her 60's, sister dx at ; 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 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 for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.

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.

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.

Enter answer here - or Type In Unkn8/20/15  41 y/o pleasant man referred to our office for abnormal findings on CT of chest and hemoptysis. He presents today with copies of his CT chest and his PET/CT performed at Baptist hospital in Little Rock. He sta; "There is NO evidence of a lung, mediastinal or chest mass 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 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 suspected pulmonary Embolus.

IMPRESSION: 1. Normal LV systolic function. EF 55%; 2. Mild to moderate MR. Mild TR; 3. Probable small LAA thrombus; 4. Bicuspid AV with severe regurgitation; 5. Probable dissection flap in right and noncoronary sinus. Dilated aortic root.; This study is being ordered for Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; Chest Pain

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.; 2005; There has not been any treatment or conservative therapy.; aneurysm 2015, hematoma in 2005, pt is a smoker,

Pt has dialation of the ascending aorta .. Mdo is using auth to monitor the aorta; 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.

surgery in 2007, subclavian artery graph bypass.; 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.

IMPRESSION: 1. Normal LV systolic function. EF 55%; 2. Mild to moderate MR. Mild TR; 3. Probable small LAA thrombus; 4. Bicuspid AV with severe regurgitation; 5. Probable dissection flap in right and noncoronary sinus. Dilated aortic root.; This study is being ordered for Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; Chest Pain

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.; 2005; There has not been any treatment or conservative therapy.; aneurysm 2015, hematoma in 2005, pt is a smoker, This is a request for CT Angiography of the Abdomen and Pelvis.

Yes, this is a request for CT Angiography of the abdominal arteries.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; 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."; The study is requested for recent head trauma or injury.

This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.

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."; 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."; The study is requested for headache.

"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 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 has a decreased sense of smell for approx. 5 years; 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.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)

Enter answer here - or Type In Unknown If No Info GivLAN:   Health checkup  Consulted with Dr. John Scott Erwin, diagnostics reviewed with physician, *Med issued per Dr. Erwin*. LABORATORY: Labs ordered to be performed today include, CBC, and lipid; 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 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.

pt with history of hemorrhagic CVA, recent diagnosis of RAS which may require stenting and dual antiplatelet agents.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2013; It is not known if there has been any treatment or conservative therapy.; Unknwn

pt with history of hemorrhagic CVA, recent diagnosis of RAS which may require stenting and dual antiplatelet agents.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2013; It is not known if there has been any treatment or conservative therapy.; Unknwn

PATIENT HAD CHEMO. TUMOR MARKERS ARE ABNORMAL. LAST MRI ON 3/11/15. NEED TO RESTAGE 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 been performed on the member in the past 3 months.

The patient is a 57-year-old lady with IgG kappa myeloma low-risk on the 70 gene model, hyperdiploid cluster presented with severe anemia about 3 weeks after VTD-PACE with excellent tolerance.   The patient will return in 3 weeks for VTD melphalan 200; 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 combination request does not include an OB Ultrasound.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; 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).

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

; 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 complaining of new onset migraines not improved by medications with re-occurring nosebleeds; 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.

She did have a brain MRI showing chronic ischemic changes, no infarct or MS. Now tingling is starting on her left leg, and occasionally feels it in her left arm. EEG was 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 was not completed.; The patient is experiencing dizziness.

SLUMs report came back below normal for memory, pt has had onset of headache for a week now with possible concussion from skiing accident.; 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.

sudden onset headache---no relief with rx; 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 not described as a “thunderclap” or the worst headache of the patient’s life.

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; Changing neurologic symptoms best describes the reason that I have requested this test.

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 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 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 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.; 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 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.

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.

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.

multiple lung nodules being monitored every 6 months; 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.

Patient is experiencing shortness of breath and wheezing and having some bronchospasms; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

PORTABLE SINGLE-VIEW CHEST, 05/13/15:;  INDICATION: Infiltrate.   COMPARISON: 05/05/15.   FINDINGS: Portable AP view chest is submitted. Cardiac monitor leads and wires overlie the chest. The transverse cardiac diameter and pulmonary vasculature 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.

Re-staging; 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.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.; This combination request does not include an OB Ultrasound.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.

New patient referred by Dr. Henry for paroxysmal to persistent atrial fibrillation. When he goes into AF, it may be rapid. He's been on propafenone for the last 6 months, with breakthrough. He's had AF for 3 years or so. Not ischemic trigger (nl stress ec; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.

New patient referred by Dr. Henry to eval Afib and discuss Afib ablation. He was dx'd about 2 months ago. He is on ASA for stroke prevention; was sitting; was getting out of the bed; 8/2015, 9/2015, went to ER; associated with ; 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 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.

New patient referred by Dr. Huber for eval for paroxysmal AF. Pt reports that he has failed DCCV X2 and is on Sotalol and he would like to discuss the ablation. Onset Thanksgiving Day. Exercise intolerance on sotalol/bradycardia. Symptoms of AF include dy; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.

Patient is here for eval of tachycardia. Dr. Steeley started pt on Multaq 3-4 years ago, but he reports that it hasn't been working as well as before. Patient is on ASA 81mg q day for stroke prevention. He has both paroxysmal AF and PVCs - says breaking t; 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 requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

PATIENT HAD CHEMO. TUMOR MARKERS ARE ABNORMAL. LAST MRI ON 3/11/15. NEED TO RESTAGE 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 been performed on the member in the past 3 months.

PATIENT HAS INTRACTABLE LOWER BACK PAIN, CAN HARDLY WALK, HISTORY OF MULTIPLE COMPRESSION FRACTURES.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 is a 57-year-old lady with IgG kappa myeloma low-risk on the 70#x0D; gene model, hyperdiploid cluster presented with severe anemia about 3 weeks#x0D; after VTD-PACE with excellent tolerance. #x0D; #x0D; The patient will return in 3 weeks for VTD melphalan 200; 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 combination request does not include an OB Ultrasound.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

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.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.; This combination request does not include an OB Ultrasound.

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 is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.

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 has a history of severe low back trauma or lumbar injury.

; This study is being ordered for trauma or injury.; 09/10/2015; There has been treatment or conservative therapy.; pain, radiculopathy with numbness tingling weakness from neck all the way down her left arm.; meloxicam, tramadol with alternating ice/heat therapy.

37-year-old female presents to clinic today with neck pain that radiates into her left arm to the elbow. She also complains of intermittent numbness in her left hand. The pain is moderate. The pain is sharp. Her symptoms are alleviated with pain medication; This is a request for cervical spine MRI; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; Patient has Positive Durkin's test to LUE, weakness to LUE; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

He did well again for a period of time and is now having more pain. We talked again about options. We will repeat the films and follow up. I will then make further recommendations.; This study is being ordered for a neurological disorder.; 10-12-2012; There has been treatment or conservative therapy.; He presents with worsening back and leg pain and neck and arm pain; Physical therapy, and LESI's

Patient also has muscle pain 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.; approximately 6 months ago; There has been treatment or conservative therapy.; Left side neck pain that radiates down to the right shoulder; given meds

PATIENT HAD CHEMO. TUMOR MARKERS ARE ABNORMAL. LAST MRI ON 3/11/15. NEED TO RESTAGE 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 been performed on the member in the past 3 months.

PATIENT HAS INTRACTABLE LOWER BACK PAIN, CAN HARDLY WALK, HISTORY OF MULTIPLE COMPRESSION FRACTURES.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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 is a 57-year-old lady with IgG kappa myeloma low-risk on the 70 gene model, hyperdiploid cluster presented with severe anemia about 3 weeks after VTD-PACE with excellent tolerance.   The patient will return in 3 weeks for VTD melphalan 200; 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 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; 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; 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; No, the last Cervical spine MRI was not performed within the past two weeks.

This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits

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; 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.; 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 neurological disorder.; Feb. 2014; There has been treatment or conservative therapy.; mid back, low back pain, and leg pain; Physical therapy, LESI's and NSAID's, and pain mgmt.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; may 2015; There has been treatment or conservative therapy.; BACK PAIN, BOTH THORACIC AND LUMBAR WITH PAIN AND NUMBNESS RADIATING DOWN LEGS AND GAIT IS AFFECTED; NSAIDS AND PHYSICAL THERAPY

PATIENT HAD CHEMO. TUMOR MARKERS ARE ABNORMAL. LAST MRI ON 3/11/15. NEED TO RESTAGE 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 been performed on the member in the past 3 months.

PATIENT HAS INTRACTABLE LOWER BACK PAIN, CAN HARDLY WALK, HISTORY OF MULTIPLE COMPRESSION FRACTURES.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.

She describes neck and upper back pain with headaches; This study is being ordered for trauma or injury.; Over 3 years ago; There has been treatment or conservative therapy.; neck pain radiation to left should and arm pain, now with increasing headaches.; RX medications, cortisone shots, and acupuncture
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.

The patient is a 57-year-old lady with IgG kappa myeloma low-risk on the 70#x0D; gene model, hyperdiploid cluster presented with severe anemia about 3 weeks#x0D; after VTD-PACE with excellent tolerance. #x0D; #x0D; The patient will return in 3 weeks for VTD melphalan 200; 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 thoracic spine MRI.; The study is being ordered due to Neurological deficits.; being treated by a physician in little rock for osteomyelitis and discitis at the T6-7 level and the only way to tell if he has improved is with a MRI; 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 recent fracture on previous imaging studies.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

; The study 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 does though complain of episodic weakness as well as radicular type pain with paresthesias.; The patient does not have new signs or symptoms of 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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right hip: no loss of internal rotation, no pain with internal rotation negative Stinchfield test, no tenderness to palpation over trochanteric bursa, there is tenderness to palpation over piriformis tendon; 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.; The patient has acute or chronic back pain.; The patient has none of the above

; This study is being ordered for a neurological disorder.; Feb. 2014; There has been treatment or conservative therapy.; mid back, low back pain, and leg pain; Physical therapy, LESI's and NSAID's, and pain mgmt.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; may 2015; There has been treatment or conservative therapy.; BACK PAIN, BOTH THORACIC AND LUMBAR WITH PAIN AND NUMBNESS RADIATING DOWN LEGS AND GAIT IS AFFECTED; NSAIDS AND PHYSICAL THERAPY

46-year-old gentleman with a history of chronic thoracic and low back pain which in September 2014 he started developing severe to extremely severe left buttock and leg pain. He has numbness and weakness into the left leg. The pain is aching and burning; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.

He did well again for a period of time and is now having more pain. We talked again about options. We will repeat the films and follow up. I will then make further recommendations.; This study is being ordered for a neurological disorder.; 10-12-2012; There has been treatment or conservative therapy.; He presents with worsening back and leg pain and neck and arm pain; Physical therapy, and LESI's long length of pain now involving lower leg and 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.; 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.

Low back pain radiating to R LE (heel). Clinical suspicion for L5/S1 radiculopathy. Disc degeneration.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

PATIENT HAD CHEMO. TUMOR MARKERS ARE ABNORMAL. LAST MRI ON 3/11/15. NEED TO RESTAGE 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 been performed on the member in the past 3 months.

Patient has been having ongoing back pain since March with no relief from medications or therapy; This study is being ordered for a neurological disorder.; 03/10/2015; There has been treatment or conservative therapy.; Back pain with tingling and numbness radiating down extremities; patient has been given medications along with therapy. Back pain is getting worse

PATIENT HAS INTRACTABLE LOWER BACK PAIN, CAN HARDLY WALK, HISTORY OF MULTIPLE COMPRESSION FRACTURES.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 ON WEEK 4 OF 6 WEEK OF THERAPY. NOT HELPING.; 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.; PATIENT IS CURRENTLY IN PHYSICAL THERAPY HAS BEEN DOING FOR 4 WEEKS NOW.

The patient is a 57-year-old lady with IgG kappa myeloma low-risk on the 70 gene model, hyperdiploid cluster presented with severe anemia about 3 weeks after VTD-PACE with excellent tolerance.   The patient will return in 3 weeks for VTD melphalan 200; 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 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.; 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.; 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.

PATIENT HAD CHEMO. TUMOR MARKERS ARE ABNORMAL. LAST MRI ON 3/11/15. NEED TO RESTAGE 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 been performed on the member in the past 3 months.

PATIENT HAS INTRACTABLE LOWER BACK PAIN, CAN HARDLY WALK, HISTORY OF MULTIPLE COMPRESSION FRACTURES.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 is a 57-year-old lady with IgG kappa myeloma low-risk on the 70 gene model, hyperdiploid cluster presented with severe anemia about 3 weeks after VTD-PACE with excellent tolerance.   The patient will return in 3 weeks for VTD melphalan 200; 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 combination request does not include an OB Ultrasound.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.

XRAY Procedure Date: 08/04/2015; Abnormal ,Midly abnormal sacroiliac series requiring futher imaging. positive ANA,pain lower back with gradual spread all by 6/2013.Elevated ESR Paraesthesia,in arms and legs; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.

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.

PATIENT HAD CHEMO. TUMOR MARKERS ARE ABNORMAL. LAST MRI ON 3/11/15. NEED TO RESTAGE 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 been performed on the member in the past 3 months.

PATIENT HAS INTRACTABLE LOWER BACK PAIN, CAN HARDLY WALK, HISTORY OF MULTIPLE COMPRESSION FRACTURES.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 trauma or injury.; 09/10/2015; There has been treatment or conservative therapy.; pain, radiculopathy with numbness tingling weakness from neck all the way down her left arm.; meloxicam, tramadol with alternating ice/heat therapy.

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 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 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.; 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 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 a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.

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).

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 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 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 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 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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 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 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 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 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.
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 not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; <Enter answer here OR type 'Unknown' if no info given.>

; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; 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.

Normal x ray on 8/3, physical findings swelling along L peroneus longus tendon, and also tenderness along that.; 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 foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.

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; 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; 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 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 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 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 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.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

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 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 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 a documented limitation of their range of motion.

PATIENT HAD ABD US DONE ON 8/28/15 AND THE RADIOLOGIST OPINION WAS TO SUGGEST A 3 PHRASE CT WITH AND WITHOUT CONTRAST LOOKING AT THE LIVER; 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

pt presents with new onset of abdominal pain and has a history of chronic liver disease; 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

Severe stabbing pain x 2 weeks to left lower abdomen-radiating to lower back, palpated mass by MD change in BM; 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 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 not newly diagnosed, it's known previous history.; There are new signs or symptoms other than hematuria.

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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 combination request does not include an OB Ultrasound.

Abnormal liver enzymes or chemistry. Nausea, vomiting and pain radiating to back.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.

Known kidney stones. hematuria. flank pain on visit 9/8/15; This is a 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.

Re-staging; 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 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 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; 28-year-old Caucasian male who is followed by Dr. Ellison for a history of Crohn's disease; He was started on Imuran at the beginning of June.; At his last visit with Dr. Ellison on 6/30/2015, he reported symptoms were significantly improved and he was fe

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Hist of pancreatic neoplasm, worsening ab pain w occasional nausea.

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 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.; 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 study is being 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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; 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 combination request does not include an OB Ultrasound.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; 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 known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; Patient has an elevated AFP, suspected cirrhosis. Patient also has a low WBC. Positive for Hepatitis C

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; c/o some r side abd pain. no n/v/c/d. pain x 4 months intermitant. causes belly to swell. patient had Abd CT for above symptoms on 8/4/15 that showed adrenal gland nodules, radiologist recommended MRI to evaluate nodules

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 Hepatitis C and recently had a liver biopsy that showed stage 3 to 4, early cirrhosis. He also has an elevated AFP so we are trying to get an MRCP scheduled.

This is a request for a MR Angiogram of the abdomen.

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.

PATIENT HAD CHEMO. TUMOR MARKERS ARE ABNORMAL. LAST MRI ON 3/11/15. NEED TO RESTAGE 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 been performed on the member in the past 3 months.

The patient is a 57-year-old lady with IgG kappa myeloma low-risk on the 70 gene model, hyperdiploid cluster presented with severe anemia about 3 weeks after VTD-PACE with excellent tolerance.   The patient will return in 3 weeks for VTD melphalan 200; 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 combination request does not include an OB Ultrasound.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have 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.

46 year old male with no known coronary artery disease per cath findings 02-13-2012 Ef 65% normal cath .History of hypertension , hyperlipidemia , asthma , edema to lower extremities at times , palpitations , dizziness with standing too quickly or bending; This study is being ordered for Vascular Disease.; Patient has no known history of coronary artery disease, nuclear ordered to evaluate patient due to complaints of chest pain and SOB. Patient has a history of hypertension, hyperlipidemia, and asthma.; There has not been any treatment or conservative therapy.; Chest pain, SOB, dizziness, palpitations, edema to lower extremities.

diabetic, hypertensive, hyperlipidemia patient with new symptoms of chest pain and shortness of breath, needs evaluation of 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.

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 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 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.; 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.

This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are documented clinical findings consistent with a valve disease.; HISTORY OF PRESENT ILLNESS: The patient is a 57-year-old lady who underwent left knee replacement. She was admitted for tachycardia and anemia and discharged about 3 days after the procedure with minimal blood loss of 100 mL. She presented to the em

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; 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; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.

This is 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 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 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.; 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 Melanoma.; 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 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 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 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 Valves.; This is an annual review of known valve disease.; It has been 24 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 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; 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 symptoms of a heart problem.

46 year old male with no known coronary artery disease per cath findings 02-13-2012 Ef 65% normal cath .History of hypertension , hyperlipidemia , asthma , edema to lower extremities at times , palpitations , dizziness with standing too quickly or bending; This study is being ordered for Vascular Disease.; Patient has no known history of coronary artery disease, nuclear ordered to evaluate patient due to complaints of chest pain and SOB. Patient has a history of hypertension, hyperlipidemia, and asthma.; There has not been any treatment or conservative therapy.; Chest pain, SOB, dizziness, palpitations, edema to lower extremities.

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 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.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms of Lung Cancer.

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 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

headaches increasing in past two weeks; 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

numbness face and arms/visual problem; 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

pt has a change of 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

sudden onset of headache with vertigo; This study is being ordered for a neurological disorder.; 7/22/15; There has been treatment or conservative therapy.; sudden onset of headache, vertigo; medication started on 7/22/15

Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 2 weeks; Headache best describes the reason that I have requested this test.

Radiology Services Denied Not Medically Necessary

sudden onset of headache with vertigo; This study is being ordered for a neurological disorder.; 7/22/15; There has been treatment or conservative therapy.; sudden onset of headache, vertigo; medication started on 7/22/15

Radiology Services Denied Not Medically Necessary

This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; It is not known if the neck mass has been examined twice at least 30 days apart.

Radiology Services Denied Not Medically Necessary

She describes neck and upper back pain with headaches; This study is being ordered for trauma or injury.; Over 3 years ago; There has been treatment or conservative therapy.; neck pain radiation to left should and arm pain, now with increasing headaches.; RX medications, cortisone shots, and acupuncture

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

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.

Radiology Services Denied Not Medically Necessary

Evaluation of patient with Septic Sternoclavicular Joint.; A Chest/Thorax 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 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 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 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

; This study is being ordered for a neurological disorder.; Posotive Spurlings
09/24/2014; There has been treatment or conservative therapy.; ; Pt has had epidural
steroid injections, and NSaid therapy, also pt has been doing a Home exercise program
started in 09/24/2015

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known 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

A lady with a lot of proximal muscle soreness and pain. Could be fibromyalgia. I need
to rule out some more severe degenerative disk disease of the spine and possibly some
involving the left shoulder.; This is a request for cervical spine MRI; Acute or Chronic
neck and/or back pain; The patient does have new or changing neurologic signs or
symptoms.; There is 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.; Ms Hufford comes in complaining of pain in her posterior neck
area, neck musculature down into the shoulders and shoulder blades and upper back
area. This has been going on in her words "for years". She is getting more severe and
finally she has decided t

Radiology Services Denied Not Medically Necessary

Due to worsening syptomnes of numbness and tingling into extremities wanting to be
sure nothing worseing in neck area; This is a request for cervical spine MRI; Acute or
Chronic neck and/or back pain; The patient does have new or changing neurologic signs
or symptoms.; There is weakness.; patient has had physical therapy and Nsaids for
more then six weeks, has had epidurel injections, with no relief. patient now complains
of numbness and tingling down left leg and weakness.; The patient does not have new
signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a
recent cervical spine fracture.

Radiology Services Denied Not Medically Necessary

The patient is a 32-year-old male presenting with chronic left upper extremity pain as well as pain that radiates in a dermatomal pattern along the torso. He complains of pain at the xiphoid process as well. He has a history of a fall from a significant 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.; unknown; There has been treatment or conservative therapy.; chronic left shoulder pain radiating; unknown

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; None of the above; Patient having headaches, severe in character with pain over eyes and pressure. Headaches began 1 year ago. Patient states has tried to take amitriptyline 25mg, only take 1/4 of pill and suffers insomnia after taking. Patient also states in the past her c; 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.; <Enter Additional Clinical Information>

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; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past four (4) months the patient had six (6) weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise

Radiology Services Denied Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/20/2015; There has been treatment or conservative therapy.; Steroid pack, pain meds and naproxen; & Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &

Radiology Services Denied Not Medically Necessary

There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; Patient has had xrays that were inconclusive. She has received Heat US treatment that has not resolved her pain. Patient pain is worsening.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; 05-27-2014; There has been treatment or conservative therapy.; weakness but with worse back and right leg pain the pain is rated as moderate-to-severe Duration - several years;

Radiology Services Denied Not Medically Necessary

Patient has been having ongoing back pain since March with no relief from medications or therapy; This study is being ordered for a neurological disorder.; 03/10/2015; There has been treatment or conservative therapy.; Back pain with tingling and numbness radiating down extremities; patient has been given medications along with therapy. Back pain is getting worse

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 history of thoracic fractures with numbness and tingling and pain down ext; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Radiology Services Denied Not Medically Necessary

The patient is a 32-year-old male presenting with chronic left upper extremity pain as well as pain that radiates in a dermatomal pattern along the torso. He complains of pain at the xiphoid process as well. He has a history of a fall from a significant 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.; unknown; There has been treatment or conservative therapy.; chronic left shoulder pain radiating; unknown

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; 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.; 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.; 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 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.; ; 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.; 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.; 05-27-2014; There has been treatment or conservative therapy.; weakness but with worse back and right leg pain the pain is rated as moderate-to-severe Duration - several years;

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;

Radiology Services Denied Not Medically Necessary

Musculoskeletal: BACK PAIN; Neurologic: RADIC RLE; incapacitating pain complaint of LOW BACK PAIN whose history of present illness and physical exam is consistent with LUMBAR RADICULOPATHY as their primary pain generator. Secondary pain generators incl; The study 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.; The patient describes a ABRUPT course of their pain. The pain is located LOW BACK. The LEFT LOW BACK pain radiates to the LEFT LEG. The pain is described as ACHING, SHOOTING, NUMBNESS AND TINGLING. The pain is better with REST. The pain is worse with WALK

Radiology Services Denied Not Medically Necessary

Patient complains of reoccurring pain of lumbar spine and lower extremities since fall injury in 2014. Pain makes difficult to ambulate at times. Decreased range of motion in lumbar spine with tenderness; 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 experiencing left leg and foot pain for 2 weeks. Other tests have been inconclusive for diagnosis.; 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

Radiology Services Denied Not Medically Necessary

The patient describes a ABRUPT course of their pain. The pain is located LOW BACK. The LEFT LOW BACK pain radiates to the LEFT LEG. The pain is described as ACHING, SHOOTING, NUMBNESS AND TINGLING. The pain is better with REST. The pain is worse with WALK; The study 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 describes a ABRUPT course of their pain. The pain is located LOW BACK. The LEFT LOW BACK pain radiates to the LEFT LEG. The pain is described as ACHING, SHOOTING, NUMBNESS AND TINGLING. The pain is better with REST. The pain is worse with WALK; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.

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

The patient is a 57-year-old lady with IgG kappa myeloma low-risk on the 70 gene model, hyperdiploid cluster presented with severe anemia about 3 weeks after VTD-PACE with excellent tolerance.   The patient will return in 3 weeks for VTD melphalan 200; 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 combination request does not include an OB Ultrasound.

Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder.; Posotive Spurlings 09/24/2014; There has been treatment or conservative therapy.; ; Pt has had epidural steroid injections, and NSaid therapy, also pt has been doing a Home exercise program started in 09/24/2015

Radiology Services Denied Not Medically Necessary

Patient also has muscle pain 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.; approximately 6 months ago; There has been treatment or conservative therapy.; Left side neck pain that radiates down to the right shoulder; given meds
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

Radiology Services Denied Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/20/2015; There has been treatment or conservative therapy.; Steroid pack, pain meds and naproxen; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >
Bilateral knees are edematous and painful, crepitus is present, abnormal gait, locking sensation to bilateral knees which has resulted in near falls.; This study is being ordered for Inflammatory/ Infectious Disease.; 6-17-15; There has been treatment or conservative therapy.; Edema, pain, crepitus, locking sensation, gait abnormality; NSAIDS, ice, heat, rest, elevation; This combination request does not include an OB Ultrasound.

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

Radiology Services Denied Not Medically Necessary

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/13/15 or 7/14/15; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

Radiology Services Denied Not Medically Necessary

; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days

Radiology Services Denied Not Medically Necessary

Comments on exam today the patient has flexible flat feet on both sides. He has some swelling along the peroneal tendons posterior to the lateral malleolus. He is tender to palpate through this area. He cannot E. Burch his foot despite multiple attempts ; This study is 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 comes in for evaluation of his right ankle Been having pain and swelling in the ankle for about one year; There has been treatment or conservative therapy.; pain and swelling in the ankle; Comments on exam today the patient has flexible flat feet on both sides. He has some swelling along the peroneal tendons posterior to the lateral malleolus. He is tender to palpate through this area. He cannot E. Burch h; He's been taking tramadol to help with his discomfort.

Radiology Services Denied Not Medically Necessary

Pt is having pain in her ankle, heel and forefoot. We are looking for a stress fracture; This study is being ordered for trauma or injury.; 7/27/2015; There has been treatment or conservative therapy.; Continued pain; Pt has been in a cast boot/brace for 6 weeks, elevation as much as possible and NSAID therapy

Radiology Services Denied Not Medically Necessary

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

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; The ordering doctor an orthopedic specialist; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace)

Radiology Services Denied Not Medically Necessary

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

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 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

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 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

Radiology Services Denied Not Medically Necessary

abdmonial pain and diarrhea x 1 week---pt. had a neg. egd done; 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

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Abdominal Pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis
This is a request for CT Angiography of the Abdomen and Pelvis.

Radiology Services Denied Not Medically Necessary

Pt with history of and current Kidney Stones. Has flank pain and 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 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.; 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; Severe pain to right upper quadrant for several months with aching, burning and pressure after she eats. Very 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; unknown

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement

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.; To evaluate lesions on liver, has the evaluation yearly.

Radiology Services Denied Not Medically Necessary

Chest pressure Nausea; 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 patient is a 57-year-old lady with IgG kappa myeloma low-risk on the 70 gene model, hyperdiploid cluster presented with severe anemia about 3 weeks after VTD-PACE with excellent tolerance. The patient will return in 3 weeks for VTD melphalan 200; 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 combination request does not include an OB Ultrasound.

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.

THIS PATIENT HAS KNOWN TESTICULAR CANCER WITH METASTATIC DISEASE AND RADIOLOGIST HAS RECOMMENDED BRAIN AND CHEST CT FOR FUTHER EVALUATION; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head ocured more than 1 week ago.

"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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

5MM NON CALCIFIED NODULE AT THE LEFT LUNG BASE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

6-7 MM NONCALIFIED NODULAR DENSITY ADJACENT TO THE RIGHT HEMIDIAPHRAGM CONCERNING FOR PULMONARY NODULE.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor. 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.

LING 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.

MEMBER WITH CHRONIC COUGH STATUS POST KIDNEY TRANSPLANT, STAGE III CHRONIC KIDNEY DISEASE, CHRONIC ALLOGRAFT NEPHROPATHY. CT CHEST RECOMMENDED TO LOOK FOR INTERSTITIAL LUNG DISEASE/BRONCHIOLITIS OBILTERNIS.; A Chest/Thorax 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 TESTICULAR 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 with newly diagnosed Seminoma of testis, stage 1; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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 combination request does not include an OB Ultrasound.

PET scan results shows renal lesion, and pulmonary nodules in a patient with known 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 not a hematologist/ oncologist.

Prostate CA newly diagnosis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 status post lft radical nephrectomy 7/7/2015; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

RENAL CANCER AND 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.

THIS PATIENT HAS KNOWN TESTICULAR CANCER WITH METASTATIC DISEASE AND RADIOLOGIST HAS RECOMMENDED BRAIN AND CHEST CT FOR FUTURE EVALUATION; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

PT IS HAVING COMPRESSIVE NEUROPATHY AND BACK PAIN WITH LUMBAR RADICULOPATHY WILL NEED MRI TO CHECK FOR SURE; 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 kidney stones,r/o tethered spinal cord; This study is 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 began having problems 2 years ago; There has not been any treatment or conservative therapy.; back/flank pain,luts,leg weakness

; 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.

Pt had a scrotal ultrasound and showed left hydorfil 2.4CM mix Echotenic cystic lesion on the inguinal area / left testical; 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.

R/O Ureter Stone; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.

S/P for penal prosthesis.; 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.

unknown; The patient has painful hematuria.; The patient has had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.

Elevated TSA.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

pt being evaluated for bladder difficulty; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

r/o prostate abscess; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; recent; There has not been any treatment or conservative therapy.; hematuria, pain, fever, fatigued, history of stones

renal failure and kidney disease; 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 tumor, mass, neoplasm, or metastatic disease?

Will Fax; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

; 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

bypass; 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.

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 new symptoms including hematuria.

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; 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.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; The patient 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 known tumor.; This is a request for evaluation of prostate cancer.; It is not known if there is a PSA greater than 10.; There is not a Gleason Score (sum) 7 or greater.; 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.; This study is being 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.

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.

Gross hematuria, unknown cause.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.

GROSS HEMATURIA; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.

kidney stones; 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.; 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.; 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.

pain  patient has a kidney stone; 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.

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 normal.

Patient has kidney stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.

patient has only been seen for kidney stones, no diagnostic reason for rectal exam.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.

patient with newly diagnosed Seminoma of testis, stage 1; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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 combination request does not include an OB Ultrasound.

PET scan results shows renal lesion, and pulmonary nodules in a patient with known 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 not a hematologist/ oncologist.

Prostate CA newly diagnosis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 status post lft radical nephrectomy 7/7/2015; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 with Hematuria. Ultrasound did show renal cyst. Need CT to determine cause of Hematuria. Rule out malignancy; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam 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.

R/O Hematuria; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.

r/o kidney stones,r/o tethered spinal cord; This study is 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 began having problems 2 years ago; There has not been any treatment or conservative therapy.; back/flank pain,luts,leg weakness

ReferralFrom Dr. Hewett for right side renal mass Modifying factors:CT scan report: IMPRESSION: 1. There is a complex calcified and cystic mass within the superior pole of the right kidney. Differential diagnosis includes a complex cystic lesion with; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The 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.

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 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 bilirubin.; 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.; 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.; 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.

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 not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.

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 strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone;

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.; 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.; 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 known tumor.; This is a request for evaluation of prostate cancer.; There is not a PSA greater than 10.; There is a Gleason Score (sum) 7 or greater.; 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 none of the listed reasons.; 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 not a first follow up study for a post operative complication.; Pre-op or post op evaluation; Pt is status post surgery; has gross hematuria and there was an abnormality seen in the right kidney.

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.; <Enter Additional Clinical Information> Recurrent UTI's

This is 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; Abdominal pain, and flank pain. UT disease pain in pelvis and kidney

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; BLOOD IN SEMEN

This is 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 Prostatitis x 7 Months. pressure in the back,

This is 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, RETENTION OF URINE AND CHRONIC KIDNEY 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; 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; n/a

This is 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 TOO MANY TO COUNT UTI'S AND FLANK PAIN...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; RECURRENT UTI'S

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 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 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.; 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 study is being requested for abdominal and/or pelvic pain.; The study 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 is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria. 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.; 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.

Urinary Frequency; Reported by patient; Type of visit initial; Onset/Timing: recurring; Severity: worsening; Context: post void residual amount ml; Alleviating Factors: nothing gives relief; Associated Symptoms: abdominal pain (sharp pain in LLQ); This is a 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 27; There has not been any treatment or conservative therapy.; UTIs , based on a CT scan of a renal mass

physician requesting mri to see if there has been any changes to the cyst or mass. this is a f/u of the visit from 3/2015; 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.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; It is not known if the patient is 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."; New patient, medical history unclear.

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 has hematuria.

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 having abdominal pain.

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."; mri to better delineate tumor dimensions and placement in the kidney for decision on mode of nephrectomy.

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."; Right Renal Mass After Partial Nephrectomy

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; 4 cm septated cyst or cluster of cysts at the midpole of the right kidney.   2. 4.7 cm left lower pole cyst.   3. 9 mm left lower pole renal stone.   4. Splenomegaly with multiple retroperitoneal lymph nodes. A lymphoproliferative process such

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."; 6 month f/u

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."; evaluate the 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."; Right-sided renal calculi, stable.  2. No left-sided renal calculus or obstruction noted.  3. Persistent 2 cm partially exophytic lesion medial aspect left mid to lower kidney. While the size has not changed any, the Hounsfield unit evaluation now

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."; 2.3 CM MASS PROJECTING FROM THE LATERAL MARGIN OF THE RIGHT KIDNEY - INDETERMINATE ETIOLOGY. recommend MRI

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."; lesions kidney

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.

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.

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 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 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.

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 27; There has not been any treatment or conservative therapy.; UTIs , based on a CT scan of a renal mass

Radiology Services Denied Not Medically Necessary

R/O TETHERED SPINAL CORD, 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.; 2013; There has not been any treatment or conservative therapy.; IRRATATIVE URINARY TRACT SYMPTOMS, WITH HEADACHE,AND LEG WEAKNESS

Radiology Services Denied Not Medically Necessary

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/8/2015; There has been treatment or conservative therapy.; Severe Pain; medications

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary
Radiology Services Denied Not Medically Necessary

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis
This is a request for CT Angiography of the Abdomen and Pelvis.

Radiology Services Denied Not Medically Necessary

R/O TETHERED SPINAL CORD, 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.; 2013; There has not been any treatment or conservative therapy.; IRRATATIVE URINARY TRACT SYMPTOMS, WITH HEADACHE, AND LEG WEAKNESS

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are 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.; 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.

Radiology Services Denied Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; 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.

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; 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; Hx of USDz, stats post DVIU and urethral dilation 3 mons ago. has uti, has had IV abx for endocarditis

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; none given

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; RECURRENT UTI

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; RECURRENT UTI AND 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; URINARY INCONTINENCE WIHT PERSISTENT RASHE, INTERMITTENT IRRITATION AND INABILITY TO CONTROL URINE

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.; This study is being 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.; This study is being requested for abdominal and/or pelvic pain.; The study is 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

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/8/2015; There has been treatment or conservative therapy.; Severe Pain; medications

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Prostate Cancer.

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.

Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.

AROTIC DISSECTION; This study is being ordered for Vascular Disease.; 07/22/2015; There has not been any treatment or conservative therapy.; NO SYMPTOMS; This combination request does not include an OB Ultrasound.

Patient is s/p TEVAR procedure. CTA abdomen and chest needed to look for leaks after this procedure; This study is being ordered for trauma or injury.; 7/29/15; There has been treatment or conservative therapy.; : massive mesenteric mutilation of the terminal ileum with active bleeding from mesenteric edges and ischemic small bowel. Stable, soft, small, non expanding hematoma in the left retroperitoneum (zone 1/2) and larger, but still soft, and non-expanding hem; surgery- thoracic endovascular aortic repair

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.

AROTIC DISSECTION; This study is being ordered for Vascular Disease.; 07/22/2015; There has not been any treatment or conservative therapy.; NO SYMPTOMS; This combination request does not include an OB Ultrasound.
This is a request for CT Angiography of the Abdomen and Pelvis.

Patient is s/p TEVAR procedure. CTA abdomen and chest needed to look for leaks after this procedure; This study is being ordered for trauma or injury.; 7/29/15; There has been treatment or conservative therapy.; : massive mesenteric mutilation of the terminal ileum with active bleeding from mesenteric edges and ischemic small bowel. Stable, soft, small, non expanding hematoma in the left retroperitoneum (zone 1/2) and larger, but still soft, and non-expanding hem; surgery- thoracic endovascular aortic repair

This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma

Yes, this is a request for CT Angiography of the abdominal arteries.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of congestive heart failure (CHF)

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